

TITLE 6. ECONOMIC SECURITY**CHAPTER 13. DEPARTMENT OF ECONOMIC SECURITY
STATE ASSISTANCE PROGRAMS**

(Authority: A.R.S. § 41-1954 et seq.)

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 03-3).**Editor's Note: Article headings and Sections of this Chapter were amended, renumbered, repealed, and adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on these rules. Because these rules are exempt from the regular rulemaking process, the Chapter is printed on blue paper.***ARTICLE 1. RESERVED****ARTICLE 2. APPLICATION AND CONTINUED
ELIGIBILITY***Article 2, consisting of R6-13-201 through R6-13-207, R6-13-209, R6-13-211, R6-13-212, and R6-13-214 through R6-13-216, recodified from A.A.C. R6-3-201 through R6-3-207, R6-3-209, R6-3-211, R6-3-212, and R6-3-214 through R6-3-216, effective February 13, 1996 (Supp. 96-1).*

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ARTICLE 7. REPEALED*Article 7, consisting of Section R6-13-701, repealed by exempt rulemaking at 9 A.A.R. 3966, effective October 20, 2003 (Supp. 03-3).**Article 7, consisting of Section R6-3-701, recodified from A.A.C. R6-3-701 effective February 13, 1996 (Supp. 96-1).*

Section

R6-13-701.	Repealed
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ARTICLE 8. SHORT-TERM CRISIS SERVICES*Article 8, consisting of Sections R6-13-801 through R6-13-809, amended, repealed, or renumbered under an exemption from the provisions of A.R.S. Title 41, Chapter 6, effective August 4, 1997 (Supp. 97-3).**Article 8, consisting of Sections R6-13-801 through R6-13-809, recodified from A.A.C. R6-13-801 through R6-3-809 effective February 13, 1996 (Supp. 96-1).*

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ARTICLE 1. RESERVED

ARTICLE 2. APPLICATION AND CONTINUED ELIGIBILITY

R6-13-201. Application

A person requests assistance or service by submission of a signed written application, verified by the applicant's oath upon forms prescribed by the Department of Economic Security.

1. Unrestricted opportunity to apply. Any person who desires assistance shall be given unrestricted opportunity to apply and a courteous interview.
2. Maintenance of personal dignity. All activity concerned with the eligibility determination process shall be conducted in a manner which enables the applicant to maintain his personal dignity and integrity.
3. Application process. When a person expresses a desire to apply for assistance, the person shall be given an application and an information pamphlet. The person will then be interviewed by an Eligibility Worker and an official application will be completed.
 - a. The applicant shall be informed that the applicant must make an official application which shall be completed, dated, and signed by the applicant or the applicant's authorized representative.
 - b. A place where the application can be completed shall be made available for the applicant.
 - c. If necessary, the applicant shall be given assistance to fill out the application. The applicant may be represented and assisted by an individual of the applicant's choice if the applicant desires.
 - d. The effective date of application is the date it is received in the local office.
 - e. Each applicant will be given an explanation of the right to appeal any action or failure to act by the Department.
 - f. Each new application will be reported within one working day from the time it is received.
 - g. To be eligible for any assistance program other than EA, a client must have a locational address and furnish clear instructions as to how the client's home can be located.
4. Concurrent assistance. An individual may apply for assistance from any available program but may not be an active recipient of assistance on more than one financial assistance program. However, a client may receive assistance concurrently on both the Tuberculosis Control (TC) and Aid to Families With Dependent Children (AFDC) programs.
5. Adding a person to an active AFDC case. A client who desires another person to be added to the person's active AFDC case must submit a written request. The effective date of the request is the date it is received in the local office.

Historical Note

R6-13-201 recodified from A.A.C. R6-3-201 effective February 13, 1996 (Supp. 96-1).

R6-13-202. Worker Responsibility

- A. Applications shall be decided upon within prescribed time limits except in unusual circumstances, in which instance the case record must show the cause for delay. Eligibility must be determined for SP, MAA and TC within 30 days; within 60 days for GA; and within 45 days for AFDC. If an application must pend beyond the prescribed time limit, the Department shall inform the applicant, in writing, of the reason for the delay and of the applicant's right to appeal.
- B. When an individual applies for assistance, the Eligibility Worker shall explain the functions, policies, programs and services of the Department. At the time of application and each redetermination, the Eligibility Worker shall also explain the penalties for withholding information, giving information, and fraud. The client shall be informed of the Department's responsibility to protect the confidential nature of information developed.

- C. The Eligibility Worker shall explain program eligibility requirements which must be verified.
- D. The Eligibility Worker shall explain resources available to the applicant, how the applicant has met basic needs in the past, and the reason the applicant needs assistance at this time. If applicable income exceeds the adjusted budgeted need, the assistance unit is ineligible for public assistance.
- E. Every AFDC applicant shall be informed that the applicant may apply for Social Services.

Historical Note

R6-13-202 recodified from A.A.C. R6-3-202 effective February 13, 1996 (Supp. 96-1).

R6-13-203. Home Visits

A home visit is mandatory prior to approval of an AFDC application and when redeterminations are made. On an Indian Reservation the home visit interview may take place at a location convenient to both the applicant and the Eligibility Worker.

1. A home visit may be made to any other time to obtain needed information.
2. An office visit can be arranged when necessary to develop referrals or obtain information.

Historical Note

R6-13-203 recodified from A.A.C. R6-3-203 effective February 13, 1996 (Supp. 96-1).

R6-13-204. Applicant and Recipient Responsibility

- A. An applicant for or recipient of assistance shall cooperate with the Department as a condition of initial and continuing eligibility. The applicant for or recipient of assistance shall:
 1. Give the Department complete and truthful information;
 2. Inform the Department of all changes in income, assets, or other circumstances affecting eligibility or the amount of the assistance payment within 10 days from the date the change occurs; and
 3. Comply with all the Department's procedural requirements.
- B. The Department may deny an application for assistance, reduce or terminate benefits, or change the manner of payment if the applicant or recipient fails or refuses to cooperate without good cause. However, the Department shall not impose such sanctions for failure to comply with a procedural requirement about which the Department has not advised the applicant or recipient in writing.

Historical Note

R6-13-204 recodified from A.A.C. R6-3-204 effective February 13, 1996 (Supp. 96-1).

R6-13-205. Authorizing Assistance

The Department shall decide, according to policies and rules, if the applicant is eligible for the assistance applied for and shall determine the amount of assistance and the date upon which it shall begin. The applicant shall be notified of the decision in writing.

1. Assistance for the first month of eligibility will be made by a PAAR Fund check for all programs except TC. A PAAR check will not be issued if the applicant is found ineligible for all retroactive months, and the warrant processing deadline for the applicant's first month of eligibility can be met.
2. A PAAR check, charged to Emergency Assistance, may be written to meet the immediate needs of applicants whose applications are pending for categorical assistance, provided they are U.S. citizens or aliens lawfully admitted for permanent residence.
3. No restriction may be placed upon the manner in which the recipient spends the recipient's grant.

4. If a person is added to an active AFDC case in accordance with R6-13-201(A)(5), and that person is eligible for retroactive payments, supplemental payment will be issued for all eligible months as far back as, and including, the month the request was received in the local office, but not for any prior month.

Historical Note

R6-13-205 recodified from A.A.C. R6-3-205 effective February 13, 1996 (Supp. 96-1).

R6-13-206. Disposition of Application

- A. Approval. When all eligibility requirements have been verified, assistance will be approved and an approval letter will be sent to the applicant.
- B. Denial.
 1. When one or more points of ineligibility are found, assistance will be denied, and a denial letter will be sent to the applicant.
 2. All reasons for ineligibility found will be noted on the decision letter and reference made to the appropriate rules.
 3. An individual whose application has been denied may appeal within 15 days of the date of action.
- C. Withdrawal. An applicant may withdraw the application at any time by written request. When an applicant voluntarily withdraws an application, the applicant's right to appeal is forfeited.
- D. Other. An application may be disposed of if:
 1. The applicant has filed a duplicate application for the same type of assistance.
 2. The applicant leaves the state prior to determination of eligibility.
 3. The applicant has moved and cannot be located.
 4. The applicant dies before the application is processed.
 5. The applicant refuses to provide information necessary to determine eligibility or correct grant amount.

Historical Note

R6-13-206 recodified from A.A.C. R6-3-206 effective February 13, 1996 (Supp. 96-1).

R6-13-207. Stopping, Suspending, or Changing the Assistance Grant

- A. Whenever circumstances require a reduction, suspension, or stopping of the assistance grant, a decision letter will be mailed to the recipient. With the exceptions listed under subsection (C) below, the recipient will be given 10 days' notice prior to the date of the proposed action.
- B. With the exceptions listed under subsections (C) and (D) below, if a recipient requests a hearing within the 10-day period, the proposed action will not be taken until the hearing decision is published.
- C. In the following instances the 10-day advance notice is not required, but a decision letter must be mailed prior to the effective date of action.
 1. The payee dies and, in AFDC cases, no emergency payee is available.
 2. The recipient requests termination in writing.
 3. The recipient is in an institution and ineligible.
 4. The recipient is placed in skilled nursing care, intermediate care, or long-term hospitalization.
 5. A recipient's address is unknown.
 6. A recipient has been accepted for assistance by another state, and this fact has been verified, or has become eligible for SSI and has received the recipient's first SSI benefit payment.

7. An AFDC child is legally removed from the home or is voluntarily placed in foster care by the child's legal guardian.
8. The sole issue is a change of state or federal law which requires automatic grant adjustments for classes of recipients.
9. The recipient furnishes information in writing which results in suspension, reduction, or termination of assistance and the recipient is aware of the results.
- D.** The Department may deny or dismiss a request for a hearing as well as stop, suspend, or change the grant when:
 1. An ES-WIN deregistration occurred because the client refused to accept employment or participate in WIN without good cause.
 2. The client has failed to request a hearing within the 10 days advance notification period.
 3. The sole issue is a change of state or federal law which requires automatic grant adjustments for classes of recipients.
- E.** The Department may stop, suspend, or change the grant when:
 1. The request for a hearing has been withdrawn by the client in writing.
 2. The client or the client's representative failed to appear at the scheduled time of the client's hearing and has not requested rescheduling of the hearing.
- F.** A grant is suspended when there is a temporary period of ineligibility. Suspension shall not be used as a substitute for a case decision.
 1. A suspended case is to be considered as an active case.
 2. Whenever eligibility is re-established, the grant will be resumed and a decision letter sent.
 3. No case will be suspended longer than three consecutive months. If ineligibility continues past the third month, the case must be closed.
 4. A case can be closed for financial (income) ineligibility only after the third consecutive month of suspension, and no sooner.
- G.** If a hearing decision declares an improper denial or reduction of payment, the local office will authorize payments in compliance with the hearing decision.
- H.** If it is not possible to complete a redetermination because the recipient failed to keep a necessary appointment or supply required information, notification of proposed stop or suspension of the grant will be mailed.

Historical Note

R6-13-207 recodified from A.A.C. R6-3-207 effective February 13, 1996 (Supp. 96-1).

R6-13-208. Reserved**R6-13-209. Redetermination**

Redetermination of eligibility for AFDC, GA, and TC is required every six months and every 12 months for SP and MAA.

1. The Eligibility Worker will do a case study prior to redetermination to assure that all eligibility requirements have been satisfied and the assistance grant has been correct since the last redetermination.
2. Recipients are the primary source of information regarding eligibility. If they are unable to obtain information, the Department will assist.
3. A redetermination is not complete until the eligibility of the members of the assistance unit is verified and recorded in the case record.

Historical Note

R6-13-209 recodified from A.A.C. R6-3-209 effective February 13, 1996 (Supp. 96-1).

R6-13-210. Reserved**R6-13-211. Recipients Absent from the State**

- A.** To remain eligible for assistance, a recipient who leaves the state must file a statement of intent to return to Arizona and to retain Arizona residence and must also provide his current out-of-state address.
- B.** The grant will be mailed out of Arizona no longer than 90 days. However, if the reason for absence is a medical problem of the recipient or a member of his family, and this is confirmed in writing by the licensed physician providing the treatment, the period may be extended. No grant will be mailed outside the United States.
- C.** TC out-of-state payments must be authorized by the Department of Health Services.
- D.** If the recipient indicates intent to establish residence in another state, the recipient will be advised that Arizona will discontinue assistance effective the month following the one in which he leaves.

Historical Note

R6-13-211 recodified from A.A.C. R6-3-211 effective February 13, 1996 (Supp. 96-1).

R6-13-212. Effective Date of Payment

The first payment shall be for the month in which all eligibility requirements were met, regardless of when the determination is made, providing a signed application for assistance was on file on or before that month. In cases where payment dates fall in a prior fiscal year, payments can be made only if administrative adjustment funds are available.

Historical Note

R6-13-212 recodified from A.A.C. R6-3-212 effective February 13, 1996 (Supp. 96-1).

R6-13-213. Reserved**R6-13-214. Change in Case Status**

A change in case status must be acted upon within five working days.

Historical Note

R6-13-214 recodified from A.A.C. R6-3-214 effective February 13, 1996 (Supp. 96-1).

R6-13-215. Supplemental Payments

Supplemental payments will be made only if:

1. The Department failed to act upon information known to it at the time of the payment discrepancy or acted incorrectly, or
2. A hearing decision so orders, or
3. A person is added to an active case, or
4. A new application has been approved and the assistance unit is eligible for retroactive payments.
5. A suspended grant is being resumed retroactively.

Historical Note

R6-13-215 recodified from A.A.C. R6-3-215 effective February 13, 1996 (Supp. 96-1).

R6-13-216. Case Record

The case record is the documentation of financial, social, and medical information upon which eligibility and grant amounts are determined.

1. All categorical program folders will be color-coded.
2. Case folders shall be uniform throughout the state to facilitate location of documents.

Historical Note

R6-13-216 recodified from A.A.C. R6-3-216 effective February 13, 1996 (Supp. 96-1).

ARTICLE 3. METHODS OF ELIGIBILITY DETERMINATION AND BUDGET PROCEDURES

R6-13-301. Purpose

The purpose of this Article is to prescribe policy and methods for determination and redetermination of eligibility and to establish budgeting procedures for Assistance Payments Programs.

Historical Note

R6-13-301 recodified from A.A.C. R6-3-301 effective February 13, 1996 (Supp. 96-1).

R6-13-302. Verification of Eligibility

Sources of information. For the purpose of establishing eligibility, information may be secured from the following sources:

1. The client. The client is the principal source of information and is responsible, with the help of the Eligibility Worker, to provide basic information and documentation.
2. The case record. Documented information contained in case records concerning clients previously known to the Department may be used as verification.
3. Collateral sources. If it is necessary to contact another party to obtain information, written permission may be required from the client. If the client refuses to give written permission to the Department to enable it to secure information necessary to establish eligibility or correct grant amount, the client's application will be denied or the client's grant suspended or terminated in accordance with R6-13-206(D)(1)(e) and R6-13-207(H).
4. Public records. Information from public records may be obtained without the client's permission.
5. Other offices of the Department. Information may be secured from other offices or agencies of the Department without the client's permission (unless specially restricted).

Historical Note

R6-13-302 recodified from A.A.C. R6-3-302 effective February 13, 1996 (Supp. 96-1).

R6-13-303. Verification of Age, Relationship, and Place and Date of Birth

- A. Whenever verification of age, relationship, or place or date of birth is required to establish eligibility, documentation should be obtained for the case record.
- B. Examples of documentation which may be used to assist in establishing eligibility include:
 1. Civil and hospital birth certificates and registrations;
 2. Delayed birth certificates and registrations;
 3. Selective service or discharge papers from military service;
 4. Baptismal certificates or church records of confirmation;
 5. Bible records, family registers, or genealogical records;
 6. Marriage certificates or licenses;
 7. U.S. census records;
 8. Passports;
 9. Indian tribal census rolls. The Department may obtain this information for the client;
 10. Insurance papers;
 11. Newspaper records;
 12. Citizenship and naturalization documents;
 13. Other legal or official documents which serve to establish age, relationship, and place or date of birth.
- C. It shall be the sole responsibility of the client to obtain citizenship and naturalization documents. He shall be required to pay all fees necessary to obtain any documentation.

Historical Note

R6-13-303 recodified from A.A.C. R6-3-303 effective

February 13, 1996 (Supp. 96-1).

R6-13-304. Social Security Numbers

- A. Every person in an assistance unit is required to furnish the person's Social Security Number (SSN).
- B. If the person cannot furnish an SSN, either because it is unknown or one has never been issued, the person is required to apply for one. The Department shall assist the individual to complete the application for a Social Security Number.
- C. If an applicant/recipient for the AFDC, SP, or MAA programs refuses to comply with the enumeration process (the verification and issuance of SSN's), either by refusal to apply for a number or by refusal to reveal the applicant's or recipient's number or have the number verified, the applicant or recipient will be sanctioned by removal of the applicant's or recipient's needs from the grant for each month of noncompliance.

Historical Note

R6-13-304 recodified from A.A.C. R6-3-304 effective February 13, 1996 (Supp. 96-1).

R6-13-305. Residence

Residence must be verified when it is an eligibility requirement. A person who lives in Arizona voluntarily with the intention of establishing a home is considered a resident of this state.

1. Arizona residency is an eligibility requirement for all Assistance Programs except TC and EA.
2. A child is a resident of the state in which the child resides with a specified relative on a permanent basis. However, a child may attend school out-of-state and remain eligible as long as the child remains in the care and custody of a caretaker relative who is an Arizona resident.
3. An Arizona resident who leaves the state to accept U.S. Government employment, or become an inmate of a public institution, retains Arizona residency during the absence. If an Arizona resident enters the U.S. Armed Forces, residency may be retained until 30 days after separation.

Historical Note

R6-13-305 recodified from A.A.C. R6-3-305 effective February 13, 1996 (Supp. 96-1).

R6-13-306. Citizenship

Except for the TC Program, a recipient of assistance payments must be a citizen of the United States, an alien admitted to the United States for permanent residence, or permanently residing in the United States under color of law.

1. A person who was born in the United States must provide documentation.
2. A person who was born in the United States must provide one or more of the following:
 - a. Certificate of Citizenship;
 - b. Valid United States Passport;
 - c. Consular Report of Birth or "Certificate of Birth";
 - d. Proof of marriage to a U.S. citizen prior to September 22, 1922, provided other evidence establishes that the person was a U.S. citizen by birth or was naturalized before September 22, 1922;
 - e. An Identification Card issued from a Foreign Service Post;
 - f. Alien Registration Cards;
 - g. Citizen's Identification Card
3. The Department shall not contact the Immigration and Naturalization Service on behalf of the client.

Historical Note

R6-13-306 recodified from A.A.C. R6-3-306 effective February 13, 1996 (Supp. 96-1).

R6-13-307. Limitation of Real and Personal Property and Financial Assets

- A.** Value of assets. Property, assets, and resources must be measured in terms of gross market value or equity as specified in provisions of this Article, and must be available to meet need.
- B.** Countable assets. The following property, assets, and resource limitations pertain to the AFDC program only. Limitations for other programs are set forth in the different program articles of this Manual.
1. Household furnishings. Household furnishings used by the assistance unit in its usual place of residence shall be totally disregarded.
 2. Personal effects. Wearing apparel, necessary personal effects, wedding and engagement rings, and heirlooms shall be totally disregarded.
 3. Homestead.
 - a. Limitation. The home in which the assistance unit resides and the land contiguous thereto is limited to a gross market value of \$30,000 or less. Or, if the gross market value does not exceed \$30,000, then the value of equity must not exceed \$5,000.
 - b. Evaluation. Current gross market value shall be obtained from the county assessor's office.
 4. Tools of trade. Tools, equipment, and materials used by the members of the assistance unit in their usual trades or occupations shall be totally disregarded.
 5. Vehicles.
 - a. Limitations.
 - i. One vehicle. One automobile, or one truck of less than one ton capacity, owned or being purchased by the assistance unit, is limited to a gross market value of \$2,000 or less. Or, if the gross market value of the one vehicle does exceed \$2,000, then the value of equity must not exceed \$200.
 - ii. All other vehicles. The value of all other vehicles owned or being purchased by the assistance unit will be considered under the limitation on "Other property, assets, and resources."
 - b. Evaluation.
 - i. Establishing value. As the basis for establishing the gross market value of vehicles, the lower (that is, wholesale) figure specified in the latest edition of the Kelley Blue Book will be used.
 - ii. Old vehicles. If a vehicle is too old to be listed in the Kelley Blue Book, a gross market value of \$300 shall be used.
 - c. Re-evaluation.
 - i. Objection to evaluation. If the assistance unit objects to the evaluation of a vehicle based on the Kelley Blue Book figures or if the value could cause the assistance unit to be ineligible, the assistance unit will be informed of its right to secure, at its own expense, three appraisals to be submitted through the local office to the hearing office for a redetermination of value.
 - ii. Right to appeal. If the assistance unit then objects to the hearing office's re-evaluation, or to a resulting adverse decision of the Department, it will be reminded of its right to file an appeal as provided for in R6-13-1208.
 6. Other property, assets, and resources.
 - a. Limitations.
 - i. Single recipient assistance unit. For a single recipient assistance unit, the gross market value of other property, assets, and resources is limited to \$1,200 or less. Or, if the gross market value does exceed \$1,200, then the value of equity must not exceed \$200.
 - ii. Multiple recipient assistance unit. For an assistance unit of two or more recipients, the gross market value of other property, assets, and resources is limited to \$1,600 or less. Or, if the gross market value does exceed \$1,600, then the value of equity must not exceed \$200.
 - b. Examples of resources. Examples of other property assets or resources include, but are not limited to:
 - i. Cash;
 - ii. Accounts in banks or savings institutions. If a client is a co-holder of a joint account, the total amount shall be counted as other property or assets, unless the client can show proof that only part or none of the amount is actually available to the client;
 - iii. Stocks and bonds;
 - iv. Reserved;
 - v. Vehicles other than automobiles or trucks;
 - vi. Cash surrender value of insurance policies. The client is required to make all insurance policies available for review by the eligibility worker;
 - vii. Other real property owned but not used as a residence;
 - viii. Livestock, with the exception of household pets and animals kept for domestic use or consumption;
 - ix. Trust accounts. The client shall be required to petition the trustee to make the trust fund available to him to meet need;
 - x. Sales contracts or mortgages;
 - xi. Mining claims;
 - xii. Mineral rights;
 - xiii. Burial plots but not family plots or burial plans;
 - xiv. Grazing permits. However, the value of grazing permits on land which is contiguous to the client's homestead property shall be included in the value of homestead property and not counted as other assets;
 - xv. Contents of safety deposit boxes of any resource value. The assistance unit shall be required to accompany the Eligibility Worker to the bank and allow the Eligibility Worker to inspect the contents of a safety deposit box, or, if this is not possible, show proof of the contents of the box;
 - xvi. Inheritances;
 - (1) Eligibility shall not be affected until such time as the proceeds of the inheritance are made available to the client;
 - (2) If it appears that the inheritance would make the assistance unit ineligible, it shall be required to petition the court for a full or partial distribution of the estate as soon as possible. Proof of the petition must be submitted to the Department within 45 days of notification of this requirement. If evidence of an attempt to initiate action is not presented within this time, the inheritance will be considered as available to meet need.
- C.** Property and assets owned wholly or partially by an SSI recipient

1. Property and assets owned wholly by a relative or spouse who is an SSI recipient shall not be included in those belonging to the assistance unit.
2. One-half of the value of property and assets owned jointly by an assistance client and an SSI recipient shall be considered as belonging to the assistance unit.
3. An automobile owned jointly by an assistance client and an SSI recipient, which is used for medical treatment or employment by the SSI recipient, shall not be considered as belonging to the assistance unit.

D. Ownership and availability of property

1. Real property (homestead or other).
 - a. Legal availability. Only that share of real property legally available to the members of the assistance unit is countable against homestead and other asset limitations. Thus:
 - i. If both co-owners are members of the assistance unit, all of the value of the real property is countable.
 - ii. If one co-owner is not a member of the assistance unit, the half available to the assistance unit member is countable.
 - iii. For children living with non-parent relatives, none of the non-parent relatives' real property is available to them.
 - iv. For stepchildren, the half of co-owned real property belonging to their natural or adoptive parent is available to them, as well as all the sole and separate real property of their natural or adoptive parent.
 - b. Complaint for partition. If a client is co-owner of real property, and the client's share of its value causes an excess over the limitation of resources, and the other co-owner either refuses to liquidate it or is unavailable (absent), the client shall be required to present evidence of having attempted to file a complaint for partition of the property.
 - i. The client shall be required to keep the Department informed of the progress of the suit.
 - ii. The property will not be counted during the time it is in litigation.
 - iii. Proceeds from the sale of the property will be treated in accordance with the appropriate provisions of this Article.
 - iv. If the client does not present evidence of having attempted to initiate action within 45 days of the initial claim of unavailability, the property will be considered as available.
2. Personal property.
 - a. Availability. Only that share of personal property legally and physically available to the assistance unit is countable against asset and resource limitations.
 - i. Legal title. To determine legal availability for those types of personal and property for which titles are issued (notably vehicles and mobile homes):
 - (1) If a member of the assistance unit has sole title, all of the property will be countable against resource and asset limitations.
 - (2) If co-titled "or" to a member of the assistance unit, all of the property will be countable.
 - (3) When co-titled "and" or "and/or":
 - (a) If both co-titled parties are members of the assistance unit, all the property is countable.

- (b) If one co-owner is absent so as to be unavailable for signing release, or refuses to sign release, none of the property is available to the other co-owner and is thus not countable.

(4) In stepparent cases:

- (a) Personal property acquired previous to the present marriage is owned sole and separate by the titled party and is fully available to the party and to the party's own natural or adoptive children.
 - (b) One-half of the property co-titled to the two parents with an "and" or "and/or" designation is considered available to any one of their natural or adoptive children, but only if the child's stepparent is willing to liquidate the property. The stepparent is considered "unwilling" unless a signed statement to the contrary is filed.
 - (c) Property co-titled "or" to the two parents is fully available to each and to all of their natural or adoptive children.
 - (d) For any other personal property (for which no title is issued) half the value will be considered available to each parent and to each parent's respective children.
- ii. Physical possession. For personal property to be countable, it must also be physically available -- that is, in the possession of a member of the assistance unit, or reasonably easy for the member of the assistance unit to gain possession.
 - b. Complaint for possession of partition. A client is not required as a condition of eligibility to file a complaint for possession or partition of personal property, though the Department will encourage and assist him to do so.

Historical Note

R6-13-307 recodified from A.A.C. R6-3-307 effective February 13, 1996 (Supp. 96-1).

R6-13-308. Reserved**R6-13-309. Transfer or Sale of Homestead, Real, or Personal Property**

A client must not have transferred or assigned real or personal property with the intent to render the client eligible or increase the client's need for assistance within five years prior to application or while a recipient.

1. Fair consideration.
 - a. Fair consideration received. If fair consideration was received for real or personal property sold or transferred, this will not adversely affect the client's eligibility and no inquiry will be made into the motive.
 - b. Fair consideration not received. If it is determined that a member of the assistance unit has refused or has not received fair consideration with intent to render the assistance unit member ineligible, starting from the month in which the transaction occurred, for as many months as the amount of the uncompensated value can be divided by the assistance unit's monthly unadjusted budgeted need.

2. Transfer of sale of homestead property.
 - a. Sale and reinvestment. If a client sells the client's homestead, the client will be given 90 days in which to reinvest the proceeds in another home. During that period the proceeds will not be counted as available income or as sets to meet need.
 - i. If the proceeds are reinvested, any amount still remaining after the purchase of the second homestead will be considered as other assets and resources.
 - ii. If, however, the client fails to reinvest the proceeds in another homestead within 90 days, at the end of that period the proceeds will be considered available assets and resources.
 - b. Transfer for health reasons. A client may transfer homestead property with or without retention of life estate without adversely affecting his eligibility if it is determined that the property can no longer be used as a home because of health reasons.
 - c. Evaluating life estate. The value of the life estate interest in a property will be determined by the appropriate instructions of this Article.

Historical Note

R6-13-309 recodified from A.A.C. R6-3-309 effective February 13, 1996 (Supp. 96-1).

R6-13-310. Receipt of Other Public Assistance

- A. A client may not receive public assistance from another state and from the state of Arizona concurrently.
- B. With the exception of the state Supplemental Payments Program (SSP), a client may not receive federal Supplemental Security Income (SSI) and assistance from the state of Arizona concurrently.
- C. With the exception of Aid to Families with Dependent Children (AFDC) combined with Tuberculosis Control (TC), an individual may not be an eligible recipient of assistance of more than one program.

Historical Note

R6-13-310 recodified from A.A.C. R6-3-310 effective February 13, 1996 (Supp. 96-1).

R6-13-311. Institutional Status

A person is ineligible for public assistance for each and every full calendar month in which the person is an inmate of a public institution. The only exception to this rule is the personal care allowance in the Tuberculosis Control (TC) program.

Historical Note

R6-13-311 recodified from A.A.C. R6-3-311 effective February 13, 1996 (Supp. 96-1).

R6-13-312. Reserved**R6-13-313. Sources of Income, Their Treatment, and Disregards**

- A. Proceeds received from sale of non-homestead real property or personal property.
 1. Such proceeds will not be considered as income, but as a conversion of assets.
 2. Such proceeds will be subject to the limitation of real and personal property and financial assets.
- B. Proceeds received from sale of homestead property. Such proceeds will be considered in the method established by rules of this Article concerning the sale and transfer of property.
- C. Income received from rentals, leases, and room and board.
 1. One-third of the income from the rental or lease of any property, real or personal, shall be counted as income

available to meet need. A lower figure is allowable, provided the client fully documents all expenses.

2. One-third of the total proceeds received from furnishing room or room and board shall be counted as income available to meet need. A lower figure is allowable, provided the client fully documents all expenses.
- D. Income from self-employment. Income after expenses which is received from sale of goods or services rendered through self-employment shall be considered as income available to meet need.
 1. Self-employed recipients of GA or AFDC will be given the scheduled cost of employment allowance for work expenses.
 2. However, an AFDC recipient may claim a higher work expense figure if he can furnish documentation to verify all income received and expenses claimed.
- E. Contributions from relatives, stepparents, other individuals, or non-charitable organizations.
 1. The first \$50 of money contributions received by the assistance unit from these sources in any given calendar month will be totally disregarded. However, any amount in excess of \$50 must be considered as available income.
 2. Commodity contributions and free services rendered shall not be evaluated or considered as income available to meet need. However: If the cost of an assistance unit's shelter is fully paid on an ongoing basis directly to the landlord or lienholder by another person, the contribution will not be considered as income, but the assistance unit will be considered as living rent-free.
 3. Contributions from a co-tenant for the purpose of rent-sharing shall be disregarded.
- F. Reserved.
- G. Dividends, interest, and royalties.
 1. Dividends or interest from stocks, notes, mortgages, and bonds, as well as all royalties, shall be considered income available to meet need. When any such assets are sold or cashed, the proceeds will be considered as converted assets in accordance with R6-13-313(A), and not as income.
 2. Interest on all U.S. Government savings bonds will be considered, along with the principal value, as an available asset and not as income. When cashed, the proceeds will be considered as converted assets in accordance with R6-13-313(A) and not as income.
 3. Interest on all savings accounts and other interest-bearing accounts will be considered, along with the principal, as available assets and not as income. Withdrawals from such interest-bearing accounts, as well as withdrawals from all non-interest-bearing accounts (such as checking accounts) will be considered as converted assets in accordance with R6-13-313(A), and not as income.
 4. Deposits made by any party not a member of the assistance unit into any savings, checking, or other account belonging to a member of the assistance unit, will be considered as income in accordance with the appropriate provisions of this Article.
- H. Income from provisions of foster care, day care, or house-keeping services.
 1. If the Department pays a person, either in part or in full, for provision of day-care or foster-care services, the entire payment, including that portion paid by the Department and that paid by the private individual or organization, will be totally disregarded as income.
 2. If a private individual or organization pays a person for providing foster or day-care services (including baby-sitting), but with no participation of the Department in the

- payment, the amount received will be considered as earned income subject to all appropriate disregards.
3. If the Department pays a person for providing housekeeping services, either as a provider under Social Services Title XX, or as a provider to an eligible SP recipient as specified by R6-3-603(A)(3), the payment will be totally disregarded as income.
 4. Payment for housekeeping services for which payment is not provided by the Department will be considered as earned income subject to all appropriate disregards.
- I. Social Security benefits.**
1. Referral to SSA. Every applicant or recipient should be screened for possible eligibility for Social Security benefits. Every client who could qualify for SSA benefits is required to apply for them within 30 days of notification of this requirement.
 2. Availability of SSA income.
 - a. The SSA benefit of an adult is to be considered as income available to the adult, to the adult's spouse, and to the adult's own natural or adoptive children.
 - b. The SSA benefit of a minor child is to be considered as sole and separate income to meet the needs of that child only.
 - c. If a person receives SSA and SSI concurrently, the person is ineligible for state assistance (except SP), and none of the person's income is available to the eligible members of the assistance unit.
- J. Veterans Administration benefits.**
1. Availability of VA income. VA benefits shall be considered as income available to meet the needs of the VA beneficiary and all the beneficiary's legal dependents (i.e., the spouse and natural or adoptive minor children).
 2. Referral to VA. If there is a veteran in the assistance unit who is disabled and claims the veteran does not receive benefits, or a dependent of a veteran who claims the veteran does not receive benefits, the veteran will be referred to the nearest VA office and required to apply for VA benefits within 30 days of notification of this requirement.
- K. Industrial Compensation benefits.**
1. Availability of IC benefits. All temporary or permanent Industrial Compensation benefits shall be considered as income available to meet the needs of the IC beneficiary and of all legal dependents. Legal fees withheld by attorneys handling IC claims cannot be disregarded.
 2. Referral to IC. If there is reason to believe that the client may be eligible for IC benefits, the client shall be referred to the Industrial Commission and required to apply for them within 30 days of notification of this requirement.
- L. Railroad Retirement benefits.**
1. Referral for RR benefits. An individual with 10 years or more of railroad employment has vested rights in Railroad Retirement benefits and may also be eligible for Social Security benefits. If it appears that a client may be eligible for Railroad Retirement benefits, the client shall be required to apply for them within 30 days of notification of this requirement.
 2. Availability of RR benefits. Railroad Retirement benefits shall be considered as income available to meet the needs of the RR beneficiary and of all the beneficiary's legal dependents.
- M. Unemployment Insurance benefits.**
1. Referral for UI benefits. If it appears that a client may be eligible for any type of Unemployment Insurance, the client will be required to apply for such benefits within 30 days of notification of this requirement. Various types of UI benefits include:
 - a. Unemployment Insurance (UI) administered by the Department,
 - b. Veterans' unemployment compensation (UCX) administered by the Department,
 - c. Federal employees' unemployment compensation (UCFE) administered by the Department,
 - d. Railroad unemployment benefits administered by Railroad Retirement offices,
 - e. Unemployment benefits administered by labor organizations and private insurance companies.
2. Availability. UI benefits are available income to the UI beneficiary and to the beneficiary's legal dependents.
- N. Public and private retirement pensions and annuities.** The following types of benefits shall be considered as income available to meet need:
1. Federal, state, and local government retirement pensions;
 2. Pensions from private industry;
 3. Retirement benefits or annuities from insurance plans.
- O. Income received while attending Arizona Training Center for the Handicapped, Inc.** Income received by a client during evaluation, training, or rehabilitation at the Arizona Training Center for the Handicapped, Inc., shall be considered as available to meet need and as earned in a "sheltered workshop".
- P. Reserved.**
- Q. Child's sole and separate income.** Legally sole and separate income of a minor child, which is not otherwise disregarded or provided for in this Article, will be counted as income available to meet the needs of that child only. Child support income will be treated in accordance with Title IV-D regulations as specified in 6 A.A.C. 12, Aid to Families with Dependent Children.
- R. Bureau of Indian Affairs work-study benefits.**
1. Living expenses provided to the client under this program shall be considered as income available to meet need.
 2. However, educational expenses paid directly to this school or college are to be totally disregarded.
- S. Earned income from private or public employment.** Earned income from public or private employment shall be considered as available to meet the needs of the wage earner and of all the wage earner's legal dependents (i.e., of the spouse and of the natural or adoptive minor children).
- T. Earned "income-in-kind".** Goods, services, or rent reductions in exchange for services which are received as earned income-in-kind shall not be counted as income available to meet need. Rent reductions are income-in-kind. If a client performs services for a landlord in lieu of paying all or part of the client's rent obligation:
1. The value of the in-lieu rent will not be considered as available income, and
 2. The client will be entitled to an A-I budget standard.
 3. The client, if certified disabled, will not be declared employable solely on the basis of performing such services.
- U. Income received as child support payments.** Child support shall be treated in accordance with Title IV-D regulations as specified in 6 A.A.C. 12, Aid to Families with Dependent Children.
- V. Reserved**
- W. Reserved**
- X. Reserved**
- Y. Reserved**
- Z. Types of income which are totally disregarded.**
1. Income earned by a child under age 14.
 2. Income earned by a child receiving AFDC who is either
 - a. A full-time student, whether working full- or part-time, or

- b. A part-time student, providing the student is working only part-time. Thus:
- c. If a part-time student is at the same time a full-time employee, the student's total earnings (less allowable disregards) shall be counted as income available to meet the student's needs.
- 3. The \$30 monthly income payment to WIN participants in institutional and work experience training.
- 4. Training-related expense payments made to WIN participants.
- 5. Judgment funds (per capita payments) paid to, or held in trust for, Indians as a judgment of the Indian Claims Commission or court of claims. If such funds are invested, any interest, dividends, etc., shall be considered as income available to meet need.
- 6. Benefits paid to Alaskan natives under the Alaska Native Claims Settlement Act, to the extent they are exempt from taxation.
- 7. Payments made to volunteers participating in the Volunteers in Service to America (VISTA) program.
- 8. Payments made to volunteers participating in the Service Corps of Retired Executives (SCORE) program.
- 9. Payments made to volunteers participating in the Active Corps of Engineers (ACE) program.
- 10. Benefits received by persons over age 60 under the Nutrition Program for the Elderly, the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Older Americans Community Service Program.
- 11. Reserved
- 12. Reserved
- 13. Reserved
- 14. Educational grants, loans, and scholarships:
 - a. Grants, loans, or assistance made or insured by the Commissioner of Education under the Higher Education Act for undergraduate study are to be totally disregarded. These include:
 - i. Work-Study Program assistance, including college work-study, as well as any income earned by the student while in these programs;
 - ii. National Direct Student loans (formerly National Defense Education Act loans), and Guaranteed Student loans;
 - iii. Job Corps income;
 - iv. Basic Educational Opportunity Grants (BEOG);
 - v. Supplementary Educational Opportunity Grants (SEOG);
 - vi. OASDI Benefits paid to or for a child age 18 to 21 which are conditioned upon regular attendance at a school, college, university, or in a course of vocational or technical training designed to enable the child to become self-supporting;
 - vii. That portion of a Veterans Educational Assistance Program Grant (G.I. Bill or other) which is for the student only. However, any portion for the student's dependents (family subsistence) is countable income.
 - b. For any other scholarship or educational grant (that is, one not made through the Commissioner of Education), that portion designed for tuition, books, student fees, and all other education-related expenses is to be totally disregarded. However, that portion, if any, designated to meet current living needs is to be considered as income available to meet need. Student loans will be totally disregarded.
- 15. The "Bonus Value" of FNS food stamp coupons.
- 16. The \$30 weekly incentive payment to participants in the Comprehensive Employment and Training Act (CETA) program.
- 17. Payment received from the sale of real property for public purpose under Title II of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970. If such funds are invested, any interest, dividends, etc. shall be considered as available income.
- 18. Charitable contributions from recognized charitable institutions or foundations.
- 19. Commodity contributions and free services rendered.
- 20. Reserved
- 21. Reserved
- 22. Vocational Rehabilitation Program (DVR) payments made as reimbursements for training-related expenses incurred by the client, as well as all other VR subsistence allowances, but not salary earned from VR-sponsored OJT or other VR-sponsored employment.
- 23. The value of supplemental food assistance received under the Child Nutrition Act of 1966, and special food services for children under the National School Lunch Act.
- 24. Any commercial loan from a bank or licensed loan company.
- 25. Any governmental home-improvement loan.
- 26. Tax refunds. Such refunds are to be treated as an available asset.
- 27. Personal loans, if property documented, from friends, relatives, or others.

Historical Note

R6-13-313 recodified from A.A.C. R6-3-313 effective February 13, 1996 (Supp. 96-1).

R6-13-314. Determining Monthly Income; Best Estimate

- A. For each assistance unit, the Department shall calculate a best estimate of monthly income using the methods described in R6-13-314.01.
- B. The best estimate shall include income which the assistance unit has received or reasonably expects to receive in a benefit month and shall be based on the Department's reasonable expectation and knowledge of the assistance unit's current, past, and future circumstances.
- C. The Department shall include in its calculation all gross income from every source available to the assistance unit unless specifically excluded in this Article or by the federal Social Security Act.
- D. The Department shall convert income received more frequently than monthly into a monthly amount as follows:
 - 1. Multiply weekly amounts by 4.3,
 - 2. Multiply bi-weekly amounts by 2.15,
 - 3. Multiply semi-monthly amounts by 2,
 - 4. Convert daily wages to a weekly average and multiply by 4.3.
- E. The Department shall determine a new best estimate of income:
 - 1. At each review; and
 - 2. When there is a change in countable income of more than \$25 which is expected to:
 - a. Last beyond the month the change occurred, or
 - b. Result in an increase in benefits.

Historical Note

R6-13-314 recodified from A.A.C. R6-3-314 effective February 13, 1996 (Supp. 96-1).

R6-13-314.01. Methods to Determine a Best Estimate

- A.** The Department shall determine a best estimate of monthly income for an assistance unit by the methods described in this Section.
- B.** Anticipating income.
- When using this method, the Department shall consider income the assistance unit actually receives and is reasonably certain to receive in a benefit month.
 - The Department shall anticipate income for an assistance unit which:
 - Regularly receives income from the same source and in the same amount;
 - Receives or reasonably expects to receive income from a new source;
 - Receives or reasonably expects to receive income from a continuing current source but at a new rate of pay;
 - Receives income on a seasonal or intermittent basis; or
 - Has lost a source of income.
- C.** Averaging income.
- When using this method, the Department shall add together income from a representative number of weeks or months and then divide the resulting sum by the same number of weeks or months.
 - The Department shall average income for an assistance unit which receives income:
 - Irregularly, or
 - Regularly but from sources or in amounts which vary.
- D.** Prorating income.
- When using this method, the Department shall average income over the period of time the income is intended to cover.
 - The Department shall prorate income for an assistance unit which receives income which is intended to cover a fixed period of time.
 - When a person receives income pursuant to a fixed-term employment contract:
 - Income shall be counted in the month received, if received monthly or more often, throughout all months of the contract;
 - Income shall be prorated over the number of months in the contract if payment is received before or during the time work is performed but not as specified in subsection(D)(2)(a)(i) above;
 - Income shall be prorated over the number of months in the contract if payment is received upon completion of the work;
 - For AFDC cases which fall within subsection (D)(2)(a)(iii) above, applicable earned income disregards shall apply as if the prorated amounts were received in each month of the contract. The resulting amounts for each month shall then be totaled and counted in the month received as a lump sum pursuant to 45 CFR 233.20(a)(3)(ii)(F) (October 1992), incorporated by reference and on file with the Office of the Secretary of State;
 - For the purpose of this subsection, the term “applicable earned income disregards” shall include those earned income disregards set forth in 45 CFR 233.20(a)(11) (October 1992), incorporated herein by reference and on file with the Office of the Secretary of State.

- When a GA or TC benefit recipient who is attending a college, university, or other school with a semester or quarter system receives income from a non-excluded scholarship, deferred educational loan, or other educational grant, the income from such a source shall be prorated over the number of months in the semester or quarter for which the income is intended.

Historical Note

R6-13-314.01 recodified from A.A.C. R6-3-314.01 effective February 13, 1996 (Supp. 96-1).

R6-13-315. The Cost of Employment Allowance

- A.** Applying the COE. The Cost of Employment Allowance (COE) is applicable to both the AFDC and the GA programs. The COE applies to earnings from self-employment as well as to wages paid by an employer.
- AFDC. The appropriate COE will be allowed for each person whose earnings are included in the AFDC assistance grant budget computation, regardless of whether that person is an eligible recipient on the grant or not.
 - GA. Only a single half-time COE of \$24 can be allowed on any GA budget, regardless of whose earnings are budgeted.
- B.** Schedule of COE. The following schedule shall determine the COE allowable for each person whose earnings are considered in the budget computation, depending on the number of hours worked in the month to earn the income:

Total Hours Employed in the Month	COE for the month
1 through 85 (half-time) (GA or AFDC)	\$24
86 or more (full-time) (AFDC only)	\$48

- C.** Documented COE. If an employed person whose earnings are considered on an AFDC budget objects to the person's COE for the reason that the person's actual expenses incurred are in excess of the scheduled COE, the person may present documentation of such expenses. The local office will verify and evaluate the expenses claimed and will determine whether a special COE is justified.
- D.** Budgeting the COE. In computing the AFDC assistance grant, the COE must be determined and subtracted after any allowable \$30+1/3 disregards are computed and subtracted (not before) as in the following sequence:
- First, determine the total countable gross earned income of the assistance unit.
 - Next, compute (on the basis of total gross earned income) and subtract any allowable \$30+1/3 disregards.
 - Last, determine and subtract allowable COE figure.

Historical Note

R6-13-315 recodified from A.A.C. R6-3-315 effective February 13, 1996 (Supp. 96-1).

R6-13-316. The \$30 + 1/3 Disregard

- A.** Application of the \$30 1/3 disregard. The \$30 1/3 disregard applies to the AFDC program only.
- Types of income to which the disregard applies.
 - Earned income from public, private, or self-employment;
 - Earned income from WIN program employment (other than WIN public service employment) and

- from on-the-job training (OJT) administered by the WIN program.
2. Types of earned income to which the disregard does not apply.
 - a. Earned income from Public Service Employment (PSE) for participants in the WIN program,
 - b. Types of earned income specifically disregarded by provisions of this Article.
 3. Persons whose earned income receives the disregard.
 - a. The \$30+1/3 disregard applies to the total gross earned income of all persons who are members of the AFDC assistance unit and whose needs are included in the assistance grant.
 - b. The disregard does not apply to the income of persons whose income is included in the AFDC grant computation but who are not members of the assistance unit and whose needs are not included in the AFDC assistance grant.
- B.** Computing the \$30+1/3 disregard. The \$30+1/3 earned income disregard includes the first \$30 of the total gross earned income of members of the AFDC assistance unit, plus 1/3 of the remainder.
- C.** Eligibility for the disregard.
1. For initial applications.
 - a. Receipt of prior assistance. If a member of an assistance unit which files an application for AFDC has received AFDC assistance in any of the four months preceding the month of application, the \$30 + 1/3 disregard will automatically be allowed, both for determining eligibility and for determining payable grant amount, on every budget on which there is earned income of an assistance unit member.
 - b. No prior assistance. If no member of an assistance unit which files an AFDC application has received AFDC assistance within the four months prior, the following procedures will apply:
 - i. Needs-Test procedure. A preliminary budget computation ("Needs-Test") will be performed to determine eligibility only: To see if the assistance unit would have at least \$1 of unmet need without allowing the \$30+ 1/3 disregard on the budget.
 - ii. Eligible on Needs-Test. If the Needs-Test is passed and the assistance unit would be eligible for at least \$1 even without the disregard, the disregard will be allowed on every budget where there is earned income of an assistance unit member to determine both eligibility and payable grant amount.
 - iii. Ineligible on Needs-Test. If, however, the assistance unit is found to have a 0 grant amount on the Needs-Test, the \$30+1/3 disregard cannot be allowed on the earned income of the month of application and assistance for that month must be denied on the basis of financial ineligibility.
 - iv. Reconsideration. If assistance must be denied for the initial month, the eligibility of the assistance unit may, however, be reconsidered for the following month using the income of that month and repeating the same Needs-Test procedure.
 2. For active, ongoing cases. Eligibility for the disregard. The \$30 + 1/3 disregard will be applied to the combined total gross income of all persons whose needs are included in the AFDC assistance grant to determine eligi-

bility and compute the assistance grant for each month the case remains in active status.

- D.** Ineligibility for the disregard. The \$30 + 1/3 disregard will not be allowed for a given month on the gross income of an applicant or recipient who:
1. Terminated employment or reduced the applicant's or recipient's income without good cause within 30 days preceding that month, or
 2. Refused, without good cause, within 30 days of that month to accept employment which the applicant or recipient was able to perform and which was offered through the Department's employment offices or in any other manner by an employer which the Department considers to have been a bona fide offer.

Historical Note

R6-13-316 recodified from A.A.C. R6-3-316 effective February 13, 1996 (Supp. 96-1).

R6-13-317. Reserved

R6-13-318. Budgeting

The Department shall determine eligibility and compute the amount of the assistance for a benefit month based on the best estimate described in R6-13-314 of income and circumstances which will exist in that same month.

Historical Note

R6-13-318 recodified from A.A.C. R6-3-318 effective February 13, 1996 (Supp. 96-1).

R6-13-319. Consolidated Standards of Need

- A.** Consolidated standards. Grants for AFDC, GA and TC are computed by using one of two consolidated standards of need: The A-1 standard or the A-2 standard.
- B.** The A-1 standard
1. The A-1 standard will be used for assistance units which have the obligation to pay, or do pay -- either in part or in full -- any of the following housing expenses:
 - a. Rent;
 - b. Room, or room and board (but not board alone);
 - c. Mortgage or other lien on homestead;
 - d. Property tax on homestead;
 - e. Any city, county, or state fee or tax on property used as residence (such as trailer parking permit or similar).
 2. The obligation pay, or the payment, must be at least in part cash (not solely in kind).
 3. The person who is obligated to pay, or who does pay, may be any member of the assistance unit, whether eligible or ineligible for the month. The definition of an assistance unit and its members is found in R6-13-320(F).
 4. The A-1 standard must also be used if:
 - a. The assistance unit resides in public housing under HUD Sections 8 or 23, or
 - b. The payee or his spouse is an SSI recipient.
- C.** The A-2 standard. The A-2 standard will be used for:
1. Assistance units without any obligation to pay any of the housing expenses listed in subsection (B)(1) above; or
 2. Assistance units whose housing expense is paid only in-kind, with no part in cash; or
 3. When the housing expense is fully paid, on an ongoing basis, by a person not a member of the assistance unit, directly to the landlord or lienholder. Such payments will be considered ongoing if they have been so paid for at least three consecutive months.

Historical Note

R6-13-319 recodified from A.A.C. R6-3-319 effective

February 13, 1996 (Supp. 96-1).

R6-13-320. Policies Applicable to All Grants

- A. The minimum assistance grant authorized is \$1.
- B. Grants will be made in whole dollar amounts and will be rounded upward to the next whole dollar amount.
- C. An SSI recipient and the recipient's needs, income, and resources shall not be considered in computing an AFDC, GA, or TC grant.
- D. Emergency assistance paid to an applicant in any given month shall be deducted from the assistance grant for that month.
- E. If the applicable income of an assistance unit meets or exceeds its adjusted need for that month, the assistance unit will be determined to be financially ineligible for assistance.
- F. Each assistance unit and program will be budgeted separately, regardless of the number of assistance units residing together.
 - 1. An "assistance unit" is defined as an applicant-payee plus all those persons for whom the applicant-payee can request and receive assistance in accordance with the "specified relative" provisions of R6-3-407.
 - 2. Whenever two or more persons eligible for assistance can be included in one single assistance unit and grant as defined above, two or more separate assistance units and grants cannot be authorized.

Historical Note

R6-13-320 recodified from A.A.C. R6-3-320 effective February 13, 1996 (Supp. 96-1).

R6-13-321. Computing the Assistance Grant

Factors determining grant amount. The following factors enter into a budget computation to determine eligibility and/or grant amount:

- 1. Status. The status of the assistance unit, which consists of:
 - a. Program. The program for which assistance is requested or received (AFDC, GA, or TC);
 - b. Persons. The total number of persons in the assistance unit whose eligibility is being considered;
 - c. Standard. The standard of need, determined by shelter-cost obligation (A-1 or A-2);
- 2. Need. The budgeted need of the assistance unit for a given month, as determined by its status (program, persons, and standard);
- 3. Percentage. The percentage factor, which converts budgeted need to adjusted need, and which depends on the program;
- 4. Income. The countable income of the assistance unit;
- 5. Disregards. Applicable disregards on countable earnings (cost of employment and the \$30+1/3 disregard);
- 6. Emergency assistance. Amounts of EA issued to the assistance unit: Deducted to determine payable grant amount for intake months only.

Historical Note

R6-13-321 recodified from A.A.C. R6-3-321 effective February 13, 1996 (Supp. 96-1).

R6-13-322. Computing Hardship Supplement

- A. Eligible months. Every AFDC assistance unit will be informed that it may request a Hardship Supplement (HS) in any month in which the AFDC case is in active status (including months in which the grant is suspended).
- B. Application for HS. The AFDC payee must file a Request for Hardship Supplement. The date of the request is the day it is received in the local DES office.
- C. Issuance of HS. If the assistance unit is found eligible, the HS must be issued within five working days of the request.

- D. Ineligibility. If the assistance unit is found ineligible for HS, a decision letter will be issued within five days of the request citing the reasons for denial.
- E. Reapplication for HS. A request for HS is valid only for the one month filed. An AFDC unit may refile requests for HS in any months it feels a hardship exists due to any reduction in income (grant amount and/or other income). Denial or approval of HS in any given month has no bearing on HS eligibility for any future month.
- F. Computation. The HS amount will be computed as follows. Assume, in the following, that the request for HS to be computed was received by the local office on any day in the month of June (the request month):
 - 1. The assistance program will be HS.
 - 2. The HS budget computation will reflect the same standard of need (A-1 or A-2, as set forth in R6-13-319) and the same number of eligible persons as already shown on the regular AFDC budget effective for the request month (June).
 - 3. The HS budgeted need item will reflect the adjusted need (not the budgeted need) as already shown on the regular AFDC budget effective for the request month (June).
 - 4. The HS percentage of need will always be 90%.
 - 5. The HS budgeted need figure (the same as the AFDC adjusted need for the month) will be multiplied by the 90% factor to yield the HS adjusted need. The resulting HS adjusted need figures will be found, pre-computed, on the HS Adjusted Need Table in subsection (H) below.
 - 6. The HS budget will then consider all the countable income which the assistance unit has received and anticipates receiving from the first day through the last day of the request month (June). The computation will then proceed in the same order as set forth in R6-13-318(A)(5) through (9).
 - 7. Income disregards, including total or partial disregards, the COE and the \$30+1/3 disregard, will be allowed or disallowed under exactly the same conditions as for regular AFDC assistance grants.
 - 8. In addition, the amount of the regular AFDC grant already paid, or to be paid, for the current month (June) must be considered in full as unearned income on the budget computation.
 - 9. The grant figure resulting from the computation above is the amount of the HS to be issued. Fractions of a dollar will be rounded up to the next whole dollar.
 - 10. If the actual income of the assistance unit, when finally verified at the end of the request month, is not equal to the total anticipated income used on the HS budget, no adjustment in the HS is necessary, and the HS amount paid will not be considered in error.
 - 11. The amount or accuracy of a HS does not affect the correctness or the amount of the regular AFDC grant for the same month or any other month.
 - 12. Hardship Supplements (issued in active months only) are not to be confused with Emergency Assistance (issued in intake months only). While EA must be subtracted from the regular AFDC grant amount for the current month of issuance, HS must never be considered as countable income and must never be subtracted on the regular AFDC grant budget for the current or for any future month.
 - 13. The actual countable income of the assistance unit, when finally reported and verified at the end of a month in which a HS has been requested or paid (for example, June) will be used, as usual, to compute the regular AFDC assistance grant for the second month following

(August) in accordance with standard ongoing budgeting procedures as set forth in R6-13-318(D). The fact that part or all of this income has already been considered to compute the HS (for June) has no bearing or effect on the budgeting of the regular AFDC grant for the second month following (August), and such income is not to be disregarded on this basis.

G. Appeal for hearing

1. A person may appeal the denial of a HS within 10 days following the issuance of the decision letter.
2. A person may appeal the correctness of an HS amount within 10 days following issuance of the HS.
3. The same appeals procedure as for EA will apply.

H. HS Adjusted Need Figures Table. The following HS need figures will be used in computing all HS budgets:

Number of Persons	A-1 Standard AFDC Grant Adjusted Need	HS Adjusted Need	A-2 Standard AFDC Grant Adjusted Need	HS Adjusted Need
1	111	100	80	72
2	153	138	120	108
3	199	180	156	141
4	240	216	187	169
5	274	247	217	196
6	306	276	247	223
7	339	306	274	247
8	365	329	301	271
9	391	352	327	295
10	418	377	353	318

To compute the HS adjusted need figure for assistance units of more than 10 persons, determine the proper AFDC adjusted need figure (not the budgeted need), then multiply it by 90%.

Historical Note

R6-13-322 recodified from A.A.C. R6-3-322 effective February 13, 1996 (Supp. 96-1).

ARTICLE 4. RESERVED

ARTICLE 5. RESERVED

ARTICLE 6. SUPPLEMENTAL PAYMENTS PROGRAM

R6-13-601. Definitions

For the purpose of the Supplemental Payments Program, the following definitions apply:

1. "Case manager" means a person who is responsible for applying the uniform functional assessment process to determine a client's need for services and administering the services for eligible clients.
2. "Essential shopping and errands" means shopping for and storing household supplies and medicines.
3. "Home health aid" means providing personal care and medical maintenance, continued treatment, or supervision required by applicable laws and regulations, within the person's place of residence.
4. "Housekeeping services" means providing help with housekeeping, housework, laundry, essential shopping, errands, and meal preparation.
5. "Housework" means assistance in the performance of activities related to routine household maintenance including the following tasks: cleaning walls, floors, bathrooms, windows, kitchen, and appliances; washing dishes; dusting; changing linens; and making beds. It may

also include yard work, such as cleaning and mowing yard and hauling away debris; hauling water for daily use; gathering and hauling firewood for household heating or cooking; caring for livestock used for personal consumption; caring for a garden used for personal consumption; and turning heating and cooling systems on and off.

6. "Laundry" means washing, drying, and folding or hanging clothing and household linens. Ironing is included if clothes are too wrinkled to be presentable.
7. "Meal preparation" means planning, cooking, and storing food.
8. "Medical finding" means verification by a medical practitioner of a medical condition which may necessitate visiting nurse service or home health aid.
9. "Need for services" means the person has been determined by the Department to be functionally impaired in sufficient degree as to require the designated service. A person does not "need" the specified service when the facility in which the person resides or receives care provides the specified service.
10. "Payable from another source" means payments from Medicare, Arizona Health Care Cost Containment System, private insurance, Medicaid, or other private or public funds.
11. "Service provider" means an entity contracting with the state of Arizona to provide housekeeping services, home health aid services, or visiting nurse service.
12. "Uniform functional assessment process" means a process approved by the Department which measures a person's need for services because the person cannot perform activities of daily living based upon criteria which include physical or mental illness, prescribed medication, sensory impairment, disability, incapacity, psychosociological skills, interpersonal skills, assistance devices required, and available support systems.
13. "Visiting nurse service" means providing medical maintenance, continued treatment, or supervision of a treatment plan by a registered nurse or a licensed practical nurse as required by applicable laws, regulations and rules within the individual's place of residence.

Historical Note

R6-13-601 recodified from A.A.C. R6-3-601 effective February 13, 1996 (Supp. 96-1).

R6-13-602. Limitations

- A. Any person eligible for supplemental payments as a resident of a private or county nursing home shall be ineligible to receive supplemental payments from the Department for housekeeping services, visiting nurse service, or home health aid.
- B. Any person eligible for supplemental payments as a resident of a licensed supervisory care home or certified adult foster care home shall be ineligible to receive supplemental payments from the Department for housekeeping services.
- C. Housekeeping services. A payment of \$70 per month shall be made by the Department to or on behalf of a person who is determined to need such services, who is eligible for and receives Supplemental Security Income, and who is approved eligible by the Department through a uniform functional assessment process approved by the Department. The Department shall determine whether the person, because he has a physical or mental illness or impairment, needs at least one of the following services: housework, laundry, essential shopping and errands, or meal preparation. Resources otherwise available to the client shall be considered in determining need.

1. Recipients of direct payment for housekeeping services shall be subject to monitoring and reassessment by the Department.
 2. The recipient or the recipient's legal representative shall notify the Department, within 10 calendar days, of any change in income, resources, or medical need.
 3. Supplemental payments for housekeeping services shall not be made to or for the benefit of an otherwise eligible person who resides in a publicly or privately operated residence that provides house cleaning, laundry, essential shopping, errands, and meals as part of the basic service.
- D.** Payments for visiting nurse service or home health aid shall be made only to the service provider; payment to the eligible recipient is not permissible.

Historical Note

R6-13-602 recodified from A.A.C. R6-3-602 effective February 13, 1996 (Supp. 96-1).

R6-13-603. Coordination of Services with Arizona Long-term Care System

- A.** Upon receipt of notice from Arizona Health Care Cost Containment System that a person currently receiving services under this Article has applied for and been found eligible for Arizona Long-term Care System services, the Department shall notify the assigned case manager so that the information can be verified with the client.
- B.** The case manager and the client shall provide information to the Department, on a form supplied by the Department, that services from Arizona Long-term Care System are being received by the client. The form shall include the following information:
1. Name, address and Social Security number;
 2. The date that services from Arizona Long-term Care System began;
 3. Current state Supplemental Payments Program funds or services received;
 4. Case manager's signature, signifying that the contents of the form are true to the best of the case manager's knowledge;
 5. Client's signature; or, if the client cannot sign, the signature of an authorized representative; or the client's mark which is witnessed, with the witness' signature. If the client refuses to sign, this shall be noted;
 6. The expected date of termination of state Supplemental Payments.
- C.** The client shall be informed, through a written notice, when the Department intends to terminate payments or services under the provisions of this Article. The case manager shall provide at least 10 days' notice before termination of benefits following receipt of notice that Arizona Long-term Care services have begun.

Historical Note

R6-13-603 recodified from A.A.C. R6-3-603 effective February 13, 1996 (Supp. 96-1).

R6-13-604. Right of Appeal

If a client is dissatisfied with an action or decision affecting the client under this Article, the client has the right to appeal under the provisions of R6-13-1208. For purposes of this Article "local office" or "district office" as set forth in R6-13-1208 means Aging and Adult Administration.

Historical Note

R6-13-604 recodified from A.A.C. R6-3-604 effective February 13, 1996 (Supp. 96-1).

ARTICLE 7. REPEALED

Article 7, consisting of Section R6-13-701, repealed by exempt rulemaking at 9 A.A.R. 3966, effective October 20, 2003 (Supp. 03-3).

R6-13-701. Repealed**Historical Note**

R6-13-701 recodified from A.A.C. R6-3-701 effective February 9, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 9 A.A.R. 3966, effective October 20, 2003 (Supp. 03-3).

Editor's Note: The following Article heading was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

ARTICLE 8. SHORT-TERM CRISIS SERVICES

Editor's Note: The following Section was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-801. Definitions

The definitions in A.R.S. § 46-241 and following definitions apply in this Article.

1. "Basic necessities" means the situations or possessions necessary to maintain a safe and healthy living environment, including shelter, food, and clothing.
2. "Child" means a person under the age of 18 years.
3. "Contract" means an executed agreement with specified terms and limits between the Department and a government agency or a private entity for the purposes of delivering goods or services for the Department for monetary reimbursement.
4. "Contract provider" means a public or private entity with which the Department has a contract to provide goods or services for recipients of short-term crisis services.
5. "Department" means the Department of Economic Security, Community Services Administration.
6. "Diagnosis" means an opinion rendered by a doctor of medicine, a doctor of osteopathy, or a psychologist certified by either the Arizona Board of Psychologist Examiners or by the Department of Education.
7. "Disabled person" means a person who has been diagnosed as having a physical or mental impairment which substantially limits one or more of that person's major life activities.
8. "Elderly person" means a person 60 years of age or older.
9. "Federal Poverty Guidelines" means the national guidelines which designate the amount of income that signifies poverty, and which are issued by the United States Department of Health and Human Services and published in the *Federal Register*.
10. "Homeless person" means a person who lacks a fixed, regular, and adequate nighttime residence, or a person who has primary nighttime residence in a building used

- for temporary sleeping accommodations but does not include a person who is imprisoned or otherwise detained in a government facility under federal or state law.
11. "Household" means all adults and children who reside together in the same dwelling.
 12. "Major life activities" means activities necessary to care for one's self through performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.
 13. "Resident" means a person who dwells and intends to remain in Arizona.
 14. "Self-sufficiency Diversion Option" means cash assistance option offered to certain TANF applicants pursuant to A.R.S. § 46-353.
 15. "Short-term Crisis Services" means a benefit which is distributed in the form of vendor payments or warrants, issued on behalf of an eligible household, for the household's basic necessities.
 16. "TANF" means Temporary Assistance for Needy Families, which is *assistance granted under section 403 of Title IV of the Social Security Act as it exists after August 21, 1996.* (A.R.S. § 46-101(20)).
 17. "Temporary sleeping accommodations" means a building that is publicly or privately operated for the purposes of providing overnight shelter to a homeless person or domestic violence victim and includes homeless shelters and domestic violence shelters.
 18. "Unforeseen expenses" means living costs which were unexpected and cannot be avoided.
 19. "Vendor agreement" means a written agreement between the Department and a provider of goods or services who has agreed to accept reimbursement from the Department on behalf of the short-term crisis services recipient.
 20. "Work day" means Monday through Friday excluding Arizona state holidays.

Historical Note

R6-13-801 recodified from A.A.C. R6-3-801 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-802. Application Procedures

- A. To apply for short-term crisis services, an applicant shall:
 1. Participate in a face-to-face interview with an employee of the contract agency in the applicant's geographic area;
 2. File a written application on a Department form with the contract agency; and
 3. Provide the contract agency with the information listed in subsections (C) and (D).
- B. The completed application form shall contain the following information:
 1. For the applicant and all household members:
 - a. Name, address, and telephone number;
 - b. Personal information, including citizenship, residency, date of birth, social security number, gender, and ethnicity; and

- c. Gross monthly countable income as defined in R6-13-805;
2. Relationship of all household members;
3. The short-term crisis service the household is requesting and the reason services are needed; and
4. For all household members age 16 and older, an employment history for 30 days preceding the date of application; and
5. The applicant shall provide information regarding the household members' application for short-term crisis services and TANF cash assistance during the 12 months preceding the date of application; and
6. The applicant's signature and date of application.
- C. The applicant shall provide documentation of the employment history and countable income required by subsection (B)(1)(c) and (B)(4).
- D. The contract provider shall close an incomplete application if the applicant does not provide all required information within five days after the application postmark date.
- E. An applicant whose file has been closed and who later wants services shall submit a new application.
- F. Within 15 work days of the date of receiving a completed application, the contract provider shall send the applicant written notification of eligibility for services.

Historical Note

R6-13-802 recodified from A.A.C. R6-3-802 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was repealed and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-803. General Eligibility Requirements

- A. To be eligible for short-term crisis services, a person shall:
 1. Reside in the state of Arizona;
 2. Have an emergent need that can be met by the provision of at least one of the types of assistance defined in R6-13-807; and
 3. Lack income and resources to meet the emergent need.
- B. The following persons are ineligible for short-term crisis services:
 1. A Native American who resides on a reservation,
 2. A person being sanctioned by the TANF program, and
 3. A person receiving benefits under the self-sufficiency diversion option.

Historical Note

R6-13-803 recodified from A.A.C. R6-3-803 effective February 13, 1996 (Supp. 96-1). Section repealed; new Section R6-13-803 renumbered from R6-13-804 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title

41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-804. Financial Eligibility Requirements; Countable Income

- A.** To be eligible for short-term crisis services, a person must be in a household that meets the following requirements on the date of application:
1. The household's total gross countable monthly income for the previous 30 days, including the day the application does not exceed 125% of the Federal Poverty Guidelines; or
 2. For households with an elderly or disabled person, the household's total gross countable income for the previous 30 days, including the day of the application does not exceed 150% of the Federal Poverty Guidelines.
- B.** When determining financial eligibility, the Department shall include countable income of all household members except as provided in subsection (C). Countable income includes:
1. Earned income;
 2. Governmental cash benefits;
 3. Dividends over \$50 per month;
 4. Interest income over \$50 per month;
 5. Child support;
 6. Alimony;
 7. Net rental income;
 8. Annuities;
 9. Royalties;
 10. Strike benefits;
 11. Workers' compensation;
 12. Unemployment insurance benefits;
 13. Monthly payment from real property sales;
 14. Proceeds from the sale of a house or car;
 15. Military allotments;
 16. Grants and scholarships that do not need to be repaid, excluding funds identified for tuition and books;
 17. Work-study money;
 18. Net gambling or lottery winnings;
 19. Lump sum payments;
 20. Mileage allowances; and,
 21. Cash gifts not specifically excluded in subsection (D).
- C.** Countable income does not include:
1. The value of food stamps;
 2. Any portion of an education grant or scholarship used for tuition and books;
 3. Earned income of a child under 16 years of age;
 4. Cash gifts of \$50 or less per month per household member;
 5. Tax refunds;
 6. Non-cash benefits provided on behalf of household member but not paid directly in the name of the household member, including vouchers for food, clothing, or housing;
 7. Loans that need to be repaid;
 8. Money which a household member receives and uses for the care and maintenance of a person who is not a household member;
 9. Stipends from senior companion programs; and
 10. Other income not specifically listed as countable.

Historical Note

R6-13-804 recodified from A.A.C. R6-3-804 effective February 13, 1996 (Supp. 96-1). Section renumbered to

R6-13-803; new Section R6-13-804 renumbered from R6-13-805 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-805. Emergent Need Eligibility Requirements

In order to be eligible for emergency assistance, a person shall be in a household which is experiencing or which expects to experience:

1. Homelessness that was caused by one or more of the following:
 - a. Domestic violence;
 - b. Loss of income;
 - c. Unforeseen circumstances that increase the household's expenditures, making it impossible to meet budgeted expenditures without short-term crisis services; or
 - d. A condition that endangers the health or safety of a household member;
 - e. Other similar emergency situations.
2. Interruption of heating or cooling of the household's dwelling that was caused by:
 - a. Domestic violence,
 - b. Loss of income,
 - c. Unforeseen circumstances that increased the household's expenditures making it impossible to meet the following months' budgeted expenditures without short-term crisis services,
 - d. A condition that endangers the health or safety of the household, or
 - e. Other similar emergency situations.

Historical Note

R6-13-805 recodified from A.A.C. R6-3-805 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-804; new Section R6-13-805 renumbered from R6-13-806 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-806. Types of Assistance; Duration

- A.** The Department, through its contract providers, shall provide short-term crisis services to alleviate or prevent homelessness through payments for:
1. Emergency shelter at homeless shelter facilities, hotels, or motels;

2. Rent or rental deposits to move homeless families into permanent housing;
 3. Rent or mortgage payments for household that anticipate homelessness; or
 4. Special needs necessary to continue or secure employment when no other resources are available. "Special needs" include auto repair, dental work, and eyeglasses.
- B.** The Department shall provide short-term crisis services to alleviate or prevent the loss of heating or cooling through payments for:
1. Utility bill assistance;
 2. Rent when utilities are included;
 3. Utility deposits; or
 4. Repair or replacement of appliances needed for a safe and healthy living environment, such as water heaters, cooking stoves, microwaves, furnaces, refrigerators, evaporative coolers, and water or sewer systems.
- C.** A household is eligible to receive short-term crisis services only one time in a 12-consecutive-month period. The contract provider agency shall determine what specific short-term crisis services to provide a household based on the information in the household's application.

Historical Note

R6-13-806 recodified from A.A.C. R6-3-806 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-805; new Section R6-13-806 renumbered from R6-13-807 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-807. Payments

- A.** In a 12-month period, as described in R6-13-806(C), the Department payment on behalf of an eligible household shall not exceed the amounts listed in this Section.
1. For emergency shelter at homeless facilities, no more than \$5,000.
 2. For utility assistance, the amount of the bill or \$500, whichever is less.
 3. For federally funded utility, repair or replacement and deposit, the actual cost or \$1,200, whichever is less.
 4. For state-funded utility repair, replacement, and deposit, the actual cost or \$600, whichever is less.
 5. For rent, rental deposits, or mortgage assistance, the actual cost or \$1,500 per household whichever is less.
 6. For special needs as described in R6-13-808(A)(4), the actual cost or \$500, whichever is less.
- B.** The Department shall pay for all short-term crisis services through warrants to contract agencies or companies with which the contract agency has a written or verbal vendor agreement.

Historical Note

R6-13-807 recodified from A.A.C. R6-3-807 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-806; new Section R6-13-807 renumbered from R6-13-808 and amended effective August 4, 1997, under

an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-808. Notification

The contract agency which the Department has a written contract with shall be responsible for sending the applicant a decision letter upon determination of eligibility.

Historical Note

R6-13-808 recodified from A.A.C. R6-3-808 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-807; new Section adopted effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor's Note: The following Section was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-809. Complaints, Hearings, and Appeals

- A.** The following decisions are appealable:
1. Denial of eligibility,
 2. The amount of assistance awarded, and
 3. Termination or reduction of assistance.
- B.** To appeal, an applicant shall file a written request for appeal with the contract agency, within 10 working days of the post-mark date of the letter denying eligibility or affecting benefits.
- C.** The Department shall conduct appeals pursuant to the procedures set forth in R6-13-1208(G) through (N).

Historical Note

R6-13-809 recodified from A.A.C. R6-3-809 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

ARTICLE 9. TUBERCULOSIS CONTROL

R6-13-901. Purpose

The purpose of the Tuberculosis program is to determine and provide assistance necessary for the support of a person who is certified unemployable by the state Tuberculosis Control Officer as a result of communicable tuberculosis and for that person's legal dependents.

Historical Note

R6-13-901 recodified from A.A.C. R6-3-901 effective February 13, 1996 (Supp. 96-1).

R6-13-902. Age

A Tuberculosis Control grant will not be issued if the person certified as tubercular is a minor, unless authorized by the district Public Assistance Program Manager.

Historical Note

R6-13-902 recodified from A.A.C. R6-3-902 effective February 13, 1996 (Supp. 96-1).

R6-13-903. Residence

- A. The Department of Health Services is responsible for determination of residence.
- B. Inter-county transfers are permitted.
- C. Assistance may be granted out-of-state with Department of Health Services approval.

Historical Note

R6-13-903 recodified from A.A.C. R6-3-903 effective February 13, 1996 (Supp. 96-1).

R6-13-904. Citizenship

There is no citizenship requirement.

Historical Note

R6-13-904 recodified from A.A.C. R6-3-904 effective February 13, 1996 (Supp. 96-1).

R6-13-905. Limitations on Value of Real and Personal Property

The following resource limitations apply:

1. Household furnishings used in the usual place of residence;
2. Wearing apparel and necessary personal effects;
3. A home in which the recipient resides and land contiguous thereto which has a gross market value not in excess of \$25,000;
4. An automobile with a gross retail market value of \$1,200 or less. If such value exceeds \$1,200 the excess value shall be counted against other property or assets specified in subsection (6);
5. Tools of trade;
6. Other property or assets having a total gross market value of \$1,000 for a single recipient or \$1,400 for a recipient and spouse, or two or more recipients in a single household;
7. Real and personal property shall be valued at their gross market value.

Historical Note

R6-13-905 recodified from A.A.C. R6-3-905 effective February 13, 1996 (Supp. 96-1).

R6-13-906. Transfer of Property

Transfer of property does not affect eligibility.

Historical Note

R6-13-906 recodified from A.A.C. R6-3-906 effective February 13, 1996 (Supp. 96-1).

R6-13-907. Employability

Employability is determined by the Department of Health Services.

Historical Note

R6-13-907 recodified from A.A.C. R6-3-907 effective February 13, 1996 (Supp. 96-1).

R6-13-908. Receipt of Other Public Assistance

When a recipient with dependents is eligible for AFDC as well as TC:

1. The maximum allowable from the AFDC program will be granted.
2. Any unmet need will be provided by a TC grant up to 100% of allowable need.

Historical Note

R6-13-908 recodified from A.A.C. R6-3-908 effective February 13, 1996 (Supp. 96-1).

R6-13-909. Institutional Status

- A. A TC grant will be made for personal care expense to eligible recipients receiving care in an institution.
- B. Department of Health Services approval is required.
- C. The amount of the grant will be according to the assistance standard.

Historical Note

R6-13-909 recodified from A.A.C. R6-3-909 effective February 13, 1996 (Supp. 96-1).

R6-13-910. Diagnosis and Treatment

- A. The physician treating the case is responsible to determine whether contagious tuberculosis exists.
- B. Decisions of eligibility for care and treatment are made by the Department of Health Services.

Historical Note

R6-13-910 recodified from A.A.C. R6-3-910 effective February 13, 1996 (Supp. 96-1).

R6-13-911. Referral of Cases to the Department of Economic Security

- A. The local Department of Health Services initiates referrals for Tuberculosis Control financial assistance.
- B. After acting on an application for TC, the local DES office will notify the Department of Health Services of the decision reached.
- C. When the Department of Health Services refers the case and it is shown that the patient resides at home, no other approval is required for home care.
- D. Approval for institutional care must be given by the Department of Health Services.

Historical Note

R6-13-911 recodified from A.A.C. R6-3-911 effective February 13, 1996 (Supp. 96-1).

R6-13-912. Foster Home Care

Placement of the children of tubercular parents or relatives in Foster Care is a Social Services Bureau program.

Historical Note

R6-13-912 recodified from A.A.C. R6-3-912 effective February 13, 1996 (Supp. 96-1).

R6-13-913. Return of Nonresidents

The Tuberculosis Control Officer of the Department of Health Services will contact DES, other agencies, or relatives when a tuberculosis patient is to be sent outside of the state.

Historical Note

R6-13-913 recodified from A.A.C. R6-3-913 effective February 13, 1996 (Supp. 96-1).

R6-13-914. Computing the Tuberculosis Control Grant

The assistance grant shall be equal to the budgetary need amount, minus countable income. An Eligible Recipient means the medically eligible person and the person's legal dependents who reside in a home maintained by the family, regardless of whether the medically eligible person is present in the home, providing such dependents do not have their total needs met from another source or from another assistance grant.

Historical Note

R6-13-914 recodified from A.A.C. R6-3-914 effective February 13, 1996 (Supp. 96-1).

R6-13-915. Termination of the Tuberculosis Control Grant

When the Department of Health Services notifies the local DES office that a TC grant is to be stopped, it will be stopped in the specified month.

Historical Note

R6-13-915 recodified from A.A.C. R6-3-915 effective February 13, 1996 (Supp. 96-1).

R6-13-916. Termination of TC Grant with AFDC Grant Continuing in Household

Incapacity must be established if AFDC is to be continued.

Historical Note

R6-13-916 recodified from A.A.C. R6-3-916 effective February 13, 1996 (Supp. 96-1).

R6-13-917. Overpayment

In the Tuberculosis Control Program, overpayments will be reported but not collected unless repaid voluntarily.

Historical Note

R6-13-917 recodified from A.A.C. R6-3-917 effective February 13, 1996 (Supp. 96-1).

R6-13-918. Vendor Payments

A vendor payment will be made only when transportation is furnished.

Historical Note

R6-13-918 recodified from A.A.C. R6-3-918 effective February 13, 1996 (Supp. 96-1).

R6-13-919. Redeterminations

Tuberculosis Control cases must be reviewed each six months.

Historical Note

R6-13-919 recodified from A.A.C. R6-3-919 effective February 13, 1996 (Supp. 96-1).

R6-13-920. Available Services

Basic services in the Tuberculosis Control program are:

1. Meeting financial need of eligible persons,
2. Services related to treatment and home supervision are the responsibility of the Department of Health Services.

Historical Note

Former Rule 3-924; Former Section R6-3-920 repealed, new Section R6-3-920 adopted effective March 26, 1976 (Supp. 76-2). R6-13-920 recodified from A.A.C. R6-3-920 effective February 13, 1996 (Supp. 96-1).

R6-13-921. Right of Appeal

An applicant or recipient who is dissatisfied with a decision on the applicant's or recipient's case has the right to appeal.

Historical Note

R6-13-921 recodified from A.A.C. R6-3-921 effective February 13, 1996 (Supp. 96-1).

R6-13-922. Reporting Change of Status

An applicant or recipient shall report, within 10 days from the date the change occurs, all changes in current income, resources, and any other circumstances which may affect eligibility or the amount of the assistance payment.

Historical Note

R6-13-922 recodified from A.A.C. R6-3-922 effective February 13, 1996 (Supp. 96-1).

ARTICLE 10. RESERVED**ARTICLE 11. RESERVED****ARTICLE 12. OTHER PROCEDURES AND SERVICES****R6-13-1201. Confidentiality**

A. Confidential information to be safeguarded. No information concerning an applicant or recipient, whether contained in cli-

ent case records, or in any other records of the Department, or known to employees of the Department, will be disclosed to any party except as specified in provisions of this Article.

Examples: Such information includes, but is not limited to, the names and addresses of clients or the amount of assistance provided; information related to the social and economic conditions or circumstances of a client; medical data, including diagnosis and past history of disease or disability concerning a client.

- B. Release of information. The use or disclosure of information concerning a client shall be limited to the client, or to persons or agencies subject to confidentiality restrictions comparable to those of the Department and for purposes directly related to the administration of Public Assistance programs (such as establishing eligibility, determining the amount of the grant, providing services, taking legal actions on behalf of the Department or a federal public assistance agency, etc.).
- C. Authorized parties: Unless specifically otherwise restricted, safeguarded information may be released to the following parties and only under the conditions here specified:
 1. The client. An applicant or recipient may view the contents of the applicant's or recipient's case record at any time, provided a member of the Department is present during the examination of the case record. However, a dependent child may view the case record in which the child is included as a recipient only with the written permission of the child's parent or other caretaker relative.
 2. Employees of the Department. For official purposes, employees of the Department may view case records and transmit safeguarded information, without the client's written or verbal consent, to other employees of the Department.
 3. Social Security Administration. For official purposes, safeguarded information may be disclosed, without the client's written or verbal consent, to employees of the Social Security Administration.
 4. Other public assistance agencies. For official purposes, the Department may release, without the client's written or verbal consent, case-record information to the public assistance or welfare agencies of any other state.
 5. Title IV-D. Employees of the Department may release case record information, without the client's written or verbal consent, to county attorneys and to clerks of the courts for official purposes relating to Title IV-D child support enforcement.
 6. Other law-enforcement officials. The Department may release, without the client's written or verbal consent, information to authorized officials for the purposes of an investigation, prosecution, or criminal or civil proceedings conducted by or on behalf of the Department or a federal public assistance agency in connection with the administration of a public assistance program. For any other purposes, the client's written authorization is required.
 7. Contracted agencies. For official purposes, employees of the Department may give client information, with either the verbal or written consent of the client, to the social services components of agencies or institutions with which the Department has contractual agreements for the purpose of providing social, financial, or medical services.
 8. Subpoena of records. In the event of a subpoena for a client's case record or for a Department employee to testify concerning a client, or a request for information from a governmental authority, the courts, or a law enforcement official, attention will be called through proper channels

of the policies, rules, and regulations against the disclosure of information.

9. Disclosure to other parties. Safeguarded information relating to a client may be disclosed to other parties or agencies not here specified only with the client's specific written consent and authorization. An employee of the Department must be present at all times whenever a client's case record is being viewed.

Historical Note

R6-13-1201 recodified from A.A.C. R6-3-1201 effective February 13, 1996 (Supp. 96-1).

R6-13-1202. Transfer of Cases Between Cost Centers

An individual is not subject to any residence restriction within the state and will be given agency services in the place where the individual chooses to make a home.

1. Change of address. When a recipient moves out of the jurisdiction of a cost center, that cost center is responsible for processing the change of address.
2. Pending applications. A pending application will not be transferred from one district to another but may be transferred between cost centers within the same district.
3. Transfer of an active case. Upon notification from the recipient of a change of address from the jurisdiction of one cost center to another, the cost center receiving the notification will take appropriate action.
4. Transfer of closed cases. When an individual applies for assistance and the interview reveals prior agency contact with another cost center, a written request will be made for transfer of the prior record with all other information available concerning the individual.
5. Transfer of suspended case. A suspended case may be transferred if the cost center making the request is aware of the case status.
6. Transfer transmittal. The case record being transferred will be identified by case number, SSN, and name, with a brief transmittal memorandum prepared in triplicate.

Historical Note

R6-13-1202 recodified from A.A.C. R6-3-1202 effective February 13, 1996 (Supp. 96-1).

R6-13-1203. State Warrants

Assistance grants are paid by warrants drawn on the State Treasury. Warrants are issued either directly to the eligible recipient or to a payee -- a protective payee, an emergency payee, a legal guardian, or to a vendor.

1. Missing or stolen warrants. Upon receipt of information that a recipient has not received the recipient's warrant, the recipient will be interviewed and required to complete a bond of indemnity.
 - a. When it has been determined that the warrant has been cashed, the Finance Division will send a photocopy of the signed warrant to the local office for a signature comparison. If the signature appears to be that of the recipient and the recipient denies signing the warrant, the matter will be referred to the Special Investigations Unit.
 - b. If the check apparently contains a forged signature, the recipient will complete an affidavit of forgery for issuance of another warrant.
2. Terminal warrants. Should a recipient die, only warrants signed by the recipient prior to death may be honored for payment by the State Treasurer. An exception is allowed when there is a legal guardian and the guardian can establish the recipient was alive on the date the warrant was

received; in such case the guardian may endorse and cash the warrant.

3. Canceling or stopping warrants. The eligibility worker can request that a warrant not be mailed and be cancelled, or that payment of an already mailed warrant be stopped, if information received in the local office requires such action.
4. Mailing address for warrants. A recipient has the right to designate the address to which the recipient wishes the assistance warrant mailed, except that warrants may not be mailed to any Department of Economic Security office, or to the residence address of any employee of the Department. If the recipient has mail delivery to the place of residence, the recipient will be encouraged to use this address as the mailing address.
5. Clients signing by mark. Documents signed with an "X" or by a thumb print are acceptable if properly witnessed. The EW may serve as a witness.

Historical Note

R6-13-1203 recodified from A.A.C. R6-3-1203 effective February 13, 1996 (Supp. 96-1).

R6-13-1204. Guardianship

- A. Representation by legal guardian. A court-appointed (legal) guardian may legally represent the applicant and may apply for assistance and receive payment on behalf of the guardian's ward.
- B. Warrants. Warrants issued to legal guardians will be written in the following format: "John Smith, Guardian of John Doe." The guardian will endorse the warrant for cashing the same as it is written.

Historical Note

R6-13-1204 recodified from A.A.C. R6-3-1204 effective February 13, 1996 (Supp. 96-1).

R6-13-1205. Reserved

R6-13-1206. Overpayments

- A. The Department will pursue collection of all Aid to Families with Dependent Children (AFDC) overpayments discovered on October 1, 1981, or on any following date. No waivers of repayment will be granted on such cases.
- B. The Department will pursue collection of all AFDC overpayments discovered prior to October 1, 1981, and all overpayments in the General Assistance (GA) and Supplemental Payments (SP) Programs. On such cases waiver of repayment can be granted in accordance with A.R.S. § 46-213(B).

Historical Note

R6-13-1206 recodified from A.A.C. R6-3-1206 effective February 13, 1996 (Supp. 96-1).

R6-13-1207. Special Investigations Unit

Arizona Revised Statutes provide for the establishment of a Special Investigations Unit within the Department of Economic Security.

1. This unit shall perform special investigative duties at any office in the state as may be assigned. Examples of these duties are:
 - a. Establish liaison with the various law enforcement agencies.
 - b. Investigate cases involving fraudulent receipt of assistance payments or food stamps and to prepare such cases for presentation to the County Attorney. Where necessary, the Special Investigations Unit investigator shall act as complaining witness for the Department.

- c. Make and report on other types of investigations referred to the unit such as concealment of all types of assets or income, possible secret marriage, non-legal union relationships where extra income could be involved, and required assistance in child welfare cases.
- d. Other duties, as assigned.
- 2. Local office responsibilities
 - a. Appropriate case records will be made available for examination by Special Investigations Unit representatives.
 - b. The local office will schedule interviews on cases selected by the Special Investigations Unit. If an applicant fails to keep the first appointment, a second appointment will be made. If the recipient fails to keep this appointment, without cause, the grant will be suspended.
 - c. The local office will refer all applications or resumes of active cases to the Special Investigations Unit which have been closed or suspended as a result of an SIU investigation.
 - d. If a hearing is requested in a case where an application was denied or assistance discontinued as a result of a Special Investigations Unit investigation, referrals for further investigation are to be made to the Special Investigations Unit when the hearing request is received. These referrals should use Hearing Priority I as the reason for the investigation report.
 - e. It is the responsibility of the local office Eligibility Worker to submit any new information regarding the case.
- 3. Special Investigations Unit Responsibilities
 - a. The Special Investigation Unit will notify the local office of cases selected by them for interview.
 - b. The Special Investigations Unit will attempt to complete their investigations and report back to the local office within 20 days of the referral date. When it is impossible to meet this deadline, a memo of explanation will be sent to the local office and the case removed from "Priority I" status.
 - c. Upon completion of an investigation a report will be sent to the local office which made the referral. Also, interview reports will be made when the Special Investigations Unit deems it necessary.
- 4. Referrals to County Attorneys. All absent parent cases will be referred to County Attorneys by the Special Investigations Unit and not by the local office Eligibility Worker.

Historical Note

R6-13-1207 recodified from A.A.C. R6-3-1207 effective February 13, 1996 (Supp. 96-1).

R6-13-1208. Complaints, Hearings, and Appeals

- A. Complaints. Complaints may be filed only regarding matters not covered by Appeals, subsection (B) following. A complaint received relating to an appealable matter shall be treated as an appeal and considered filed as of the date the complaint was received.
 - 1. Treatment by local office. Verbal or written complaints shall be referred to the local office supervisor or to a person designated to act for the supervisor. The case will then be discussed with the assigned caseworker who shall attempt to work through the problem with the appellant, explaining the reason for the Department's action and attempting to resolve any difficulty relating to a possible appeal. If, after the conference is held at the local level,

the appellant is still dissatisfied, an appointment may be made with the Program Manager or the person to whom responsibility for holding such conferences is delegated.

- 2. Treatment by state Office. Complaints which are received in the state Office by telephone, or letter, or directly by visit of the appellant, may be handled by the state Office or referred to the Program Manager of the district in which the appellant resides.
 - a. Replies to letters shall be made using information available in the District Office and the local office.
 - b. Whenever there is contact between the state Office and the appellant regarding a complaint which could be an appealable matter, the appellant shall be reminded of the appeal procedure, and that the appellant need not pursue an informal complaint before filing an appeal.
- B. Basis for appeal. An appellant will be granted a hearing for any of the following reasons:
 - 1. Right to apply for assistance has been denied.
 - 2. Application is denied in whole or in part.
 - 3. Action on an application has not been taken by the Department within 45 days of the date of application for AFDC, 60 days for GA, or 30 days for SP or TC.
 - 4. Assistance is suspended, terminated, reduced, or otherwise withheld when such action has occurred as a result of an eligibility determination based on facts or judgment as applied to individual circumstances.
 - 5. The appellant disagrees that an overpayment has been made, or disagrees with the amount of the overpayment, or feels that the plan for repayment causes undue hardship, or the appellant's request for a waiver has been denied.
 - 6. A hearing will not be granted when either state or federal law requires automatic grant adjustments for classes of appellants, unless the reason for an individual appeal is incorrect grant computation or incorrect application of said law to the case.
 - 7. The Office of Appeals may deny or dismiss a request for hearing where a decision has been rendered after a WIDP hearing before the DES Appeals Board that a participant has, without good cause, refused to accept employment or participate in the WIDP program or has failed to request such a hearing after a notice of intended action for such refusal, or where it is abandoned.
- C. Timely filing of appeal
 - 1. Unless a written request for hearing is filed within 10 calendar days of the decision letter mailing date for the AFDC, SP, TC, or GA programs, the Department shall proceed to take the proposed action.
 - 2. Except as otherwise provided by statute or by Department regulations, any appeal submitted to the Department shall be considered received by and filed with the Department:
 - a. On the date it is mailed, if transmittal via the U.S. Postal Service or its successor. The mailing date will be as follows:
 - i. As shown by the postmark; or
 - ii. As shown by the postage meter mark of the envelope in which it is received, if there is no postmark; or
 - iii. The date entered on the document as the date of its completion, if there is no postmark, or no postage meter mark, or if the mark is illegible.
 - b. On the date it is received by the Department, if not transmitted via the U.S. Postal Service, or its successor.

3. The submission of any document not within the specified statutory or regulatory period shall be considered timely if it is established to the satisfaction of the Department that the delay in submission was due to Department error or misinformation, or to delay caused by the U.S. Postal Service or its successor.
 4. Any document mailed by the Department shall be considered as having been given to the addressee on the date it is mailed to the person's last-known address. The date mailed will be presumed to be the date shown on the document, unless otherwise indicated by the facts. Computation of time shall be made in accordance with Rule 6(a) of the Rules of Civil Procedure, A.R.S. Volume 16
 5. If appeal is timely, benefits shall not be reduced or terminated prior to a hearing decision unless due to a subsequent change in household eligibility and another notice of adverse action is received and not timely appealed.
 6. If an appeal is filed after 10 days for the AFDC, SP, TC, or GA programs but within 20 days of the decision letter mailing date, the local office shall proceed to take the proposed action, the Office of Appeals shall hear the appeal and, if ruling is in the appellant's favor, any resulting under payment of benefits shall be restored to the appellant by retroactive payments. If appeal is filed at any time later than 20 days, the Office of Appeals shall deny the request for hearing unless good cause is shown for untimely filing.
 7. The local office shall advise the appellant of any community legal services available and, when requested, shall assist the appellant in completing the hearing request.
- D. Appeal requests.** Appeals for a hearing must be in writing. They can be filed by the appellant or by the appellant's designated representative and must be filed with the local office.
1. The local office must forward all requests to the Office of Appeals within two working days of receipt.
 2. Emergency Assistance and Hardship Supplement appeals shall not be forwarded to the Office of Appeals but shall be handled by the local office supervisor or manager.
 3. Before it can schedule a hearing, the Office of Appeals must be in receipt of:
 - a. The copy of the form or correspondence on which the hearing is requested, and
 - b. The Case Decision Notice, and
 - c. Any other written request or correspondence from the client or the client's representative related to the appeal.
 4. Whenever a request is forwarded from the local office to the Office of Appeals, the forwarding action and date should be noted on the Case Actions Summary. The local office caseworker must complete all appropriate portions of hearing request forms requiring local office entries. A copy of the request will be retained in the appellant's case record. All documents concerning EA appeals will be retained in the case record.
- E. Disability determination.**
1. An appellant who bases an appeal on an adverse disability determination will be given the opportunity to have another medical examination prior to the hearing.
 2. If the appellant wishes a medical examination prior to the hearing, the local office shall authorize and schedule it. The examination may be with a doctor chosen by the Department or by the appellant, but only by a licensed physician, psychologist, or psychiatrist.
 3. At any time prior to issuing the decision, the Hearing Officer can authorize a special diagnostic evaluation by direct request to the District Medical Consultant, who will select an appropriate specialist.
4. The Hearing Officer may consider new medical evidence without referral to the Medical Consultant or may request the Medical Consultant to provide an evaluation of the above new medical evidence to the Hearing Officer, giving the Medical Consultant's recommendation concerning the appellant's disability and employability status.
 5. The opinion of the District Medical Consultant shall be considered as expert evidence at the hearing but is not binding on the Hearing Officer.
 6. All medical, social, and vocational reports, including reports from the Division of Vocational Rehabilitation, the Social Security Administration, and the Veteran's Administration, which are relevant to the determination of disability or employability, shall be considered by the Hearing Officer. A finding of ineligibility for Social Security disability shall not be considered as a basis for ineligibility for General Assistance.
 7. The appellant's testimony as to the appellant's physical and mental condition or symptomatology shall be considered by the Hearing Officer.
- F. Group hearings.** The Department may respond to a series of individual requests for hearings by conducting a single group hearing.
1. Such hearings shall be limited to those cases in which the sole issue involved is one of state or federal law or policy.
 2. Each individual appellant shall be permitted to present the appellant's own case or be represented by the appellant's authorized representative.
 3. The individual appellant may withdraw from the group hearing and request and be granted an individual hearing.
- G. Notice of hearing**
1. Hearings shall be held at those regularly established hearing locations most convenient to the interested parties or at the discretion of the Hearing Officer. A hearing shall be scheduled not less than 10 nor more than 45 days from the date of filing of the request for hearing. The appellant shall be given no less than 10 days' notice of hearing, except that the appellant may waive the notice period or request a delay.
 2. The notice of hearing will inform the appellant of the date, time, and place of the hearing, the name of the Hearing Officer, the issues involved, and the appellant's rights to:
 - a. Present the case in person, by telephone, or through a representative; and
 - b. Copy any documents in the appellant's case file and all documents and records to be used by the agency at the hearing at a reasonable time prior to the hearings as well as during the hearing; and
 - c. Obtain assistance from the local office in preparing the case; and
 - d. Make inquiry at the local office about availability of community legal resources which could provide representation at the hearing.
 3. Notification shall be in writing, both to the appellant and to the local office on form US-037, Hearing Place Notice. If an appellant has good cause for being unable to attend a hearing once scheduled, the appellant must request a delay by either calling the local office or by writing directly to the Hearing Officer (P.O. Box 6123, Phoenix, Arizona 85005). The request must be received at least five working days prior to the hearing; otherwise the request may be denied. All scheduling is the responsibility of the Office of Appeals.

4. The appellant, in lieu of a personal appearance, may appear by telephone or submit a written statement, under oath or affirmation, setting forth the facts of the case. The statement must be submitted to the Department with all witnesses and documents at the time and place specified in the notice of hearing and shall be prepared at such time to dispose of all issues and questions involved in the appeal.
 5. The Hearing Officer may, on the Hearing Officer's own motion or at the request of any interested party upon showing of good cause, disqualify himself or herself, or continue the hearing to a future time, or reopen a hearing before a decision is final to take additional evidence.
 - a. If an interested party fails to appear at a scheduled hearing, the Hearing Officer may adjourn the hearing to a later date or may make a decision upon the record and upon such evidence as may be presented at the scheduled hearing.
 - b. If, within 10 days of the scheduled hearing, the applicant files a written request to reopen the proceedings and establishes good cause for failure to appear at the scheduled hearing, the hearing will be rescheduled. Notice of the time, place, and the purpose of any continued, reopened, or rescheduled hearing shall be given to all interested parties.
- H. Prehearing summary**
1. A prehearing summary of the facts and grounds for the action taken shall be prepared by the local office and must reach the Hearing Officer no less than 10 days prior to the hearing.
 2. A copy of the summary shall be made available to the appellant or to the appellant's representative prior to the hearing.
 3. The summary must be a typewritten report. Handwritten summaries are not acceptable. The summary must contain:
 - a. Appellant's name (and case name, if different); and
 - b. SSN (or case number, if different); and
 - c. Local office responsible; and
 - d. Brief summary of circumstances supporting the Department's action; and
 - e. Exact legal manual references used by the local office in its eligibility determination.
- I. Subpoena of witnesses**
1. The Hearing Officer may subpoena any witnesses or documents requested by the Department or appellant to be present at the hearing. The request shall be in writing and will state the name and address of the witness and the nature of the testimony. The nature of the witness' testimony must be relevant to the issues of the hearing; otherwise the Hearing Officer may deny the request.
 - a. The request for the issuance of a subpoena shall be made to give sufficient time -- a minimum of three working days -- prior to the hearing.
 - b. A subpoena requiring the production of records and documents must specifically describe them in detail and further set forth the name and address of the custodian thereof.
 2. The Office of Appeals will prepare all subpoenas. Service of the subpoena will be accomplished by certified mail, receipt requested.
- J. Review of file.** In the presence of a Department representative, the appellant or the appellant's authorized representative, or both, shall be permitted to review, obtain, or copy any Departmental record necessary for the proper presentation of the case.
- K. Conduct of the hearing.**
1. Hearings shall be conducted in an orderly and dignified manner.
 2. Hearings shall be opened, conducted, and closed by the Hearing Officer, who shall rule on the admissibility of evidence and shall direct the order of proof. The Hearing Officer will have the power to administer oaths and affirmations, take depositions, certify official acts, and issue subpoenas to compel the attendance of witnesses and the production of any documents the Hearing Officer deems necessary as evidence in connection with a hearing.
 3. The hearing is a de novo proceeding. The burden is on the client to prove eligibility by a preponderance of evidence. The Department has the initial burden of going forward with presentation of evidence.
 4. Evidence not related to the issue shall not be allowed to become a part of the record.
 5. The Hearing Officer may, on his own motion or at the request of the appellant or Department representative, exclude witnesses from the hearing room.
 6. The worker, supervisor, or other appropriate person may be designated Department representative for the hearing.
 7. The appellant and Department representative may testify, present evidence, and cross-examine witnesses and present arguments.
 8. A full and complete record shall be kept of all proceedings in connection with an appeal. Such records will be open for inspection by the appellant or the appellant's representative at a place accessible to the appellant.
 - a. A transcript of the proceedings need not, however, be made unless it is required for further proceedings. When a transcript has been made for further proceedings, a copy will be furnished without cost to each interested party.
 - b. At the close of a hearing, all parties concerned are to vacate the hearing room and are requested to refrain from conferring about the hearing or the case with the Hearing Officer.
- L. Hearing decisions**
1. The hearing decision will be rendered exclusively on the evidence and testimony produced at the hearing, appropriate state and federal law, and Departmental rules governing the issues in dispute.
 2. The decision will set forth the pertinent facts involved, the conclusions drawn from such facts, the sections of applicable law or rule, the decision, and the reasons therefore. A copy of such decision, together with an explanation of the appeal rights, shall be delivered or mailed to each interested party and each party's attorney of record not more than 60 days from the date of filing the request for appeal, unless the delay was caused by the appellant.
 3. Decisions of the Hearing Officer shall bear the signature of that officer.
 4. In those cases where the local office must take additional action as a result of a decision, such action must be taken immediately.
 5. All decisions in favor of the appellant apply retroactively to the date of the action being appealed, or to the date the Hearing Officer specifically finds appropriate.
 6. When a hearing decision upholds the proposed action of reducing, suspending, or terminating a grant, any overpayment which results will be treated as a client-caused non-fraud overpayment.
 7. All hearing decisions will be made accessible to the public, subject to all the confidentiality restrictions set forth in A.R.S. § 41-1959.

8. The decision of the Hearing Officer will be the final decision of the Department, unless a reconsideration is requested in accordance with subsection (N) below.
- M. Withdrawal of appeal.** An appeal may be withdrawn as follows:
 1. Voluntary. An appellant may voluntarily withdraw his request for a hearing by completing and signing the proper Department form or by submitting a letter properly signed.
 2. Default. An appellant is considered to have abandoned or involuntarily withdrawn a request for a hearing if the appellant fails to appear at a scheduled hearing and fails to request a rescheduled hearing within 10 days. A hearing will not be considered abandoned if the appellant provides notification up to the time of the hearing that the appellant is unable, due to good cause, to keep the appointment and that the appellant still wishes a hearing, or that the appellant wishes the matter considered on the record.
- N. Appeals Board review.**
 1. An appellant may request the Appeals Board to review an adverse hearing decision within 10 calendar days after the decision was mailed or otherwise delivered to the appellant.
 - a. The request for further appeal must be in writing, signed, and dated. It should set forth a statement of the grounds for review and may be filed personally or by mail.
 - b. If the request for further appeal is filed within 10 days of the issuance of the original hearing decision, the local office must continue to withhold the original proposed negative case action until the Appeals Board decision is issued. If the Appeals Board decision is again adverse to the appellant, overpayments which result will be treated as a client-caused non-fraud overpayment.
 2. After receipt of a request the Appeals Board will either:
 - a. Remand the case for rehearing, specifying the nature of any additional evidence required or issues, or both, to be considered; or
 - b. Grant the request and decide the appeal on the record.
 3. The Appeals Board will promptly adopt a decision which shall be the final decision of the Department. A copy of the decision, together with a statement specifying the rights for judicial review, will be distributed to each interested party.
- b. Reducing or eliminating incidences of eligibility and payment errors by:
 - i. Continuous review of statistically reliable statewide samples of cases,
 - ii. Periodic assembly and analysis of case findings to determine incidences and amount of errors,
 - iii. Application of corrective action to reduce error rates.

Historical Note

R6-13-1209 recodified from A.A.C. R6-3-1209 effective February 13, 1996 (Supp. 96-1).

R6-13-1210. Interagency Inquiry

Any inquiries or communications from other agencies which are received in a local office shall be given a priority as determined by the information requested.

Historical Note

R6-13-1210 recodified from A.A.C. R6-3-1210 effective February 13, 1996 (Supp. 96-1).

R6-13-1211. Quality Assurance

Purpose. The Quality Assurance program (assistance programs bureau monitoring system) will be operated by the state to:

1. Identify the incidences of incorrect assistance payments eligibility determinations due to agency error,
2. Recommend and effect remedial action for correcting programmatic and operational deficiencies,
3. Generate and provide data on assistance payments eligibility error determinations to the administration of the Department for purposes of management control.

Historical Note

R6-13-1211 recodified from A.A.C. R6-3-1211 effective February 13, 1996 (Supp. 96-1).

R6-13-1212. Assistance to Individuals on Conditional Discharge from the Arizona State Hospital

The following guidelines will be applicable to individuals on conditional discharge from the Arizona State Hospital:

1. Conditional discharge. An individual who is on conditional release from the Arizona State Hospital is not to be considered an inmate of a public institution and may apply for and receive public assistance if all other eligibility requirements are met.
2. State Hospital Social Services responsibility. The hospital Social Services staff will arrange for and place the individual in a living arrangement which in their judgment meets the individual's needs. They will provide all necessary social and medical information to assist the Eligibility Worker in determining eligibility for public assistance.
3. Department of Economic Security responsibility. The Department of Economic Security will accept the application and other material supplied by the hospital Social Worker and will complete the processing of the application. The Department will further extend all available agency services to the recipient.

Historical Note

R6-13-1212 recodified from A.A.C. R6-3-1212 effective February 13, 1996 (Supp. 96-1).

R6-13-1213. Definition of Indigency for County Medical Care and Hospitalization

A.R.S. § 11-297(A) gives the Arizona Department of Economic Security the responsibility to define indigency for purposes of eligibility for county medical care and hospitalization.

1. All public welfare recipients, and all foster home children whose care is paid for from state or federal funds, are

Historical Note

R6-13-1208 recodified from A.A.C. R6-3-1208 effective February 13, 1996 (Supp. 96-1).

R6-13-1209. Quality Control

The quality control system shall be operated by the state in accordance with state plan provisions to see that public funds expended within the AFDC program are used properly through locating unacceptable performance and ineffective policies.

1. Purpose. The quality control review system provides an administrative means, which meets federal specifications, to assume that assistance is provided in accordance to state plan provisions, and to hold the incidence of errors below pre-established tolerance limits. This is accomplished by:
 - a. Determining the extent to which those receiving assistance are eligible and that they receive payments in the amount to which they are entitled.

defined as indigent unless medical care is available from another source.

2. A person or family household, if not welfare recipients, is defined as indigent if it does not have:

- a. Annual net income in excess of:
\$2,100 -- If single person or married person, living alone.
\$2,800 -- If married person living with spouse.
Plus \$350 -- For each additional dependent member of the household.

(Net income is gross income from all sources less medical expenses incurred.)

- b. Resources in excess of the following:
- i. Household furnishings used by applicant and the applicant's family in the applicant's usual place of residence;
 - ii. Wearing apparel and necessary personal effects;

- iii. The dwelling house in which such person resides and the land contiguous thereto, not to exceed a fair market value of \$10,000;
 - iv. Livestock used primarily for domestic purposes;
 - v. Tools of trade having a fair market value of \$500;
 - vi. An automobile with a fair market value not exceeding \$750.
 - vii. Other property or assets with the exception of a single or family burial plot having a total fair market value of \$800 for a single recipient or \$1,200 for a recipient and spouse or two or more recipients in a single household.
- c. Means of eligibility for obtaining medical care from any other source.

Historical Note

R6-13-1213 recodified from A.A.C. R6-3-1213 effective February 13, 1996 (Supp. 96-1).